

FILED JAN 3 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39819**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **37** PRIMARY REG. DIST. NO. **4049** Registrar's No. **162**

**1. PLACE OF DEATH**  
 a. COUNTY **BOONE**  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **CENTRALIA**  
 c. LENGTH OF STAY (in this place) **1 yr. - 5 Mo.**  
 d. FULL NAME OF HOSPITAL OR INSTITUTION **HULLEN'S NURSING HOME**

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).  
 a. STATE **MISSOURI** b. COUNTY **MONROE**  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **PARIS** **0690**  
 d. STREET ADDRESS (If rural, give location) **221 E. MADISON ST.**

**3. NAME OF DECEASED**  
 a. (First) **WILLIAM** b. (Middle) **GUSTIN** c. (Last) **CULLIFER**  
 (Type or Print)  
**4. DATE OF DEATH** (Month) (Day) (Year) **DEC. 26, 1950.**

**5. SEX** **MALE** **6. COLOR OR RACE** **WHITE** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **MARRIED** **8. DATE OF BIRTH** **MAR. 19, 1861** **9. AGE** (in years last birthday) **89** if UNDER 1 YEAR **7** MONTHS **7** DAYS if UNDER 1 HRS. **7** Hours **7** Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **FARMER** **10b. KIND OF BUSINESS OR INDUSTRY** **GENERAL FARMING** **11. BIRTHPLACE** (State or foreign country) **ILLINOIS** **12. CITIZEN OF WHAT COUNTRY?** **U. S. A.**

**13a. FATHER'S NAME** **FRED CULLIFER** **13b. MOTHER'S MAIDEN NAME (LAST NAME)** **ELIZABETH (UNKNOWN)** **14. NAME OF HUSBAND OR WIFE** **FLORA MAE CULLIFER**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) **NO** (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.** **NONE** **17. INFORMANT'S SIGNATURE OR NAME** **RUSSELL CULLIFER, RT. 1, PARIS, MO.** **ADDRESS**

**18. CAUSE OF DEATH**  
 Enter only one cause per line for (a), (b), and (c)  
**MEDICAL CERTIFICATION**  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Cancer of Esophagus**  
 ANTECEDENT CAUSES  
 \*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) **Cardio Renal Syndrome**  
 DUE TO (c) **Arteriosclerosis**  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION** \_\_\_\_\_ **19b. MAJOR FINDINGS OF OPERATION** \_\_\_\_\_ **20. AUTOPSY?** YES  NO

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify) \_\_\_\_\_ **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** \_\_\_\_\_

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) \_\_\_\_\_ **21e. INJURY OCCURRED** WHILE AT WORK  NOT WHILE AT WORK  **21f. HOW DID INJURY OCCUR?** \_\_\_\_\_

**22. I hereby certify that I attended the deceased from** **12-25-49**, to **12-26-50**, that I last saw the deceased alive on **12-26-50**, 19\_\_\_\_, and that death occurred at **5:30 A** m., from the causes and on the date stated above.

**23a. SIGNATURE** (Degree or title) **J. J. Baker, D.O.** **23b. ADDRESS** **Centralia MO** **23c. DATE SIGNED** **12-26-50**

**24a. BURIAL, CREMATION, REMOVAL (Specify)** **BURIAL** **24b. DATE** **Dec 28-1950** **24c. NAME OF CEMETERY OR CREMATORY** **WALNUT GROVE** **24d. LOCATION (City, town, or county) (State)** **PARIS, MO.**

**DATE REC'D BY LOCAL REG.** **Dec 28-1950** **REGISTRAR'S SIGNATURE** **30 Maud McBride Speed Blakey** **25. FUNERAL DIRECTOR'S SIGNATURE** **ADDRESS** **PARIS, MO.**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1000  
4

**RECEIVED** 1-2-51  
DISTRICT HEALTH OFFICE No. 3  
District File Number .....  
Date Filed 1-2-51 .....

JAN 9 1951

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed A. S. Blakey .....

Licensed Embalmer No. 2616 .....

P. O. Address PARIS, Mo. .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.