

FILED MAR 13 1951

STANDARD CERTIFICATE OF DEATH

State File No. 5571

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis	
d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia	
c. LENGTH OF STAY (In this place) 36 hrs.		d. STREET ADDRESS (If rural, give location) 720 North Grand	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) INA	b. (Middle) VIRGINIA	c. (Last) CULLEY	4. DATE OF DEATH (Month) (Day) (Year) March 1, 1951
--	-------------------	-------------------------	---------------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 22, 1937	9. AGE (In years last birthday) 37	IF UNDER 1 YEAR Months 1 Days 9	IF UNDER 2 HRS. Hours Min.
------------------	---------------------------	---	-----------------------------------	---------------------------------------	------------------------------------	-------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY home-making	11. BIRTHPLACE (State or foreign country) Climax Springs, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	--	--

13a. FATHER'S NAME W.G. Waisner	13b. MOTHER'S MAIDEN NAME Dicie Flippin	14. NAME OF HUSBAND OR WIFE Jess Earl Culley
------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) NO	16. SOCIAL SECURITY NO. *****	17. INFORMANT'S SIGNATURE OR NAME Jess E. Culley, Sedalia, Mo.	ADDRESS 720 N. Grand
---	----------------------------------	---	-------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Past operative shock</i>		<i>1 day</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Laparotomy & left oophorectomy</i>		<i>1 day</i>
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<i>623X</i>

19a. DATE OF OPERATION 3-1-51	19b. MAJOR FINDINGS OF OPERATION <i>Chronic left oophorectomy</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
----------------------------------	--	---

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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from *January 15, 1951*, to *March 1, 1951*, that I last saw the deceased alive on *March 1, 1951*, and that death occurred at *6:50 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>John E. Karry M.D.</i>	(Degree or title)	23b. ADDRESS <i>11 West 4th Sedalia Mo</i>	23c. DATE SIGNED <i>3-1-51</i>
---	-------------------	---	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/5/51	24c. NAME OF CEMETERY OR CREMATORY Crown Hill	24d. LOCATION (City, town, or county) (State) Sedalia, Mo.
---	---------------------	--	---

DATE REC'D BY LOCAL REG. 3/3/51	REGISTRAR'S SIGNATURE <i>W. L. Campbell M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Maureen Ewing</i>	ADDRESS Sedalia, Mo.
------------------------------------	---	--	-------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

0804

RECEIVED 3-12-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 3-12-51

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 P. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia, 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.