

FILED APR 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13419

State File No.

BIRTH NO. _____ REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 4386 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Oregon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Minnesota</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Thayer</u>	c. LENGTH OF STAY (in this place) <u>1 mo.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Elysian 8220</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>8</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Harry</u>	b. (Middle) <u>Lawrence</u>	c. (Last) <u>Culp</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-18-51</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 9, 1889</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>9</u>	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Elysian, Minnesota</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Henry D Culp</u>	13b. MOTHER'S MARDEN NAME <u>Luella Lash</u>	14. NAME OF HUSBAND OR WIFE <u>unknown</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes World War I</u>	16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. H. B. Comstock, Thayer, Mo.</u>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u>		MEDICAL CERTIFICATION (INTERVAL BETWEEN ONSET AND DEATH)
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pneumonia</u>		
	DUE TO (c) _____		
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 <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from March 19, 1951 to April 10, 1951, that I last saw the deceased alive on Jan 12, 1951, and that death occurred at 1007 m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. W. Cooper MD</u>	23b. ADDRESS <u>Thayer, Mo</u>	23c. DATE SIGNED <u>4/20/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4-19-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elysian</u>	24d. LOCATION (City, town, or county) (State) <u>Elysian, Minnesota</u>
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DATE REC'D BY LOCAL REG. <u>4-24-51</u>	REGISTRAR'S SIGNATURE <u>Olla Crass 416</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Leggitt & Sons</u>	ADDRESS <u>Thayer, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JUL 26 1951

APR 23 1951

RECEIVED

APR 23 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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 J. W. Best

Licensed Embalmer No. 659

P. O. Address Walnut Ridge Ark

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.