

FILED AUG 8 1951

STANDARD CERTIFICATE OF DEATH

State File No. 25885
Registrar's No. 64

BIRTH NO. _____		REG. DIST. NO. 337		PRIMARY REG. DIST. NO. 6138		State File No. 25885		Registrar's No. 64			
1. PLACE OF DEATH a. COUNTY <i>Shelby</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Shelby</i>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Bethel Prop</i>		c. LENGTH OF STAY (In this place) <i>Life</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural - Bethel Prop. 10 20</i>							
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <i>8</i>							
3. NAME OF DECEASED (Type or Print) a. (First) <i>ARTIE</i> b. (Middle) <i>CALVIN</i> c. (Last) <i>CULLER</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>July 22 1951</i>								
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>Sept. 1 - 1884</i>		9. AGE (In years) (Months) (Days) <i>67 11 8</i>		10. IF UNDER 18, Hours Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____			10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>			11. BIRTHPLACE (State or foreign country) <i>Bethel Mo</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13a. FATHER'S NAME <i>John Culler</i>			13b. MOTHER'S MAIDEN NAME <i>Mary Pangborn</i>			14. NAME OF HUSBAND OR WIFE <i>Mattie Craigmiller Culler</i>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Mattie Culler</i> ADDRESS _____					
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, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <i>Suicide by hanging by the neck.</i>								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) _____ DUE TO (c) <i>Heart Curved by Strangulation 8974X</i>									
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <i>Strangulation 8974X</i>									
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <i>Request deemed unnecessary.</i>								20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Suicide</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Farm</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____							
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.											
23a. SIGNATURE <i>Edwin Harrison</i> (Degree or title) _____					23b. ADDRESS <i>Bethel Mo</i>			23c. DATE SIGNED <i>7/23/51</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Rural 11</i>		24b. DATE <i>7-24-51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Zion Cemetery</i>			24d. LOCATION (City, town, or county) (State) <i>Bethel Mo</i>				
DATE REC'D BY LOCAL REG. <i>7-31-51</i>		REGISTRAR'S SIGNATURE <i>Ada Harrison 419</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>E.P. Thompson</i> ADDRESS <i>Shelbyville Mo</i>						

(Licensed Embalmer's Statement on Reverse Side)

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

020

Date Received: **AUG 6 1951**
DISTRICT HEALTH OFFICE #2
District File Number *8-57-1401*
Date Filed: **AUG 6 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.....

Myself

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed..... *E. P. Thompson*

Licensed Embalmer No. *1672*

P. O. Address *Shelbyville, 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.