S. No. 300
v. 10.48

FILED NOV 27 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36366

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 56

0100
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: BOONE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CENTRALIA
c. LENGTH OF STAY (In this place): 3 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HULEN NURSING HOME

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

3. NAME OF DECEASED (Type or Print)
a. (First): FLORA
b. (Middle): MAY
c. (Last): CULLIFER

4. DATE OF DEATH (Month) (Day) (Year): NOV. 13, 1951

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED ✓
8. DATE OF BIRTH: MAY 20, 1871
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 5, Days 23 — IF UNDER 24 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: OWN HOME
11. BIRTHPLACE (State or foreign country): N.K 9
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: FRANK VEAL
13b. MOTHER'S MAIDEN NAME: N.K
14. NAME OF HUSBAND OR WIFE: Wm G. 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.: ✓
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: INSTITUTIONAL RECORDS

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Infirmities of Old age — 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): Chronic Myocarditis — few years
DUE TO (c): Chronic Glomerular Nephritis — few years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Hemaplegia — few years

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION: ✓ 59.2X
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) m.
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* 2-1-50, 19__, *to* 11-13-51, 19__, *that I last saw the deceased alive on* 11-12-51 19__, *and that death occurred at* 8 A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): P. O. Baker, D.O.
23b. ADDRESS: Centralia, Mo.
23c. DATE SIGNED: 11-13-51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 11-15-51
24c. NAME OF CEMETERY OR CREMATORY: WALNUT GROVE
24d. LOCATION (City, town, or county) (State): PARIS, MO.

DATE REC'D BY LOCAL REG.: Nov. 13. 1951
REGISTRAR'S SIGNATURE: Maud McBride 30
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Speed & Blakey, PARIS, MO.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NOV 26 1951
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed NOV 26 1951

DEC 5 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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed E. P. Agnew

Signed _____
Student Embalmer

Licensed Embalmer No. 4000

P. O. Address Paris, Missouri.

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.