

FILED DEC 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40591**

BIRTH NO. _____ REG. DIST. NO. **13** PRIMARY REG. DIST. NO. **3003** Registrar's No. **75**

1. PLACE OF DEATH a. COUNTY Barry Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) Monett		c. CITY (If outside corporate limits, write RURAL and give township) Rural R.F.D. 2	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural give location) Rural-Monett	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Vincent Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) B. K. b. (Middle) _____ c. (Last) Culver		4. DATE OF DEATH (Month) (Day) (Year) 12 3 51	
5. SEX M	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____	8. DATE OF BIRTH 12-3-51 11:36
9. AGE (In years last birthday) _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____	11. BIRTHPLACE (State or foreign country) St Vincent Hospital Barry Mo
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY _____	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Kenneth Culver	13b. MOTHER'S MAIDEN NAME Verna Hardy	14. NAME OF HUSBAND OR WIFE _____
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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 Kenneth Culver ADDRESS Monett
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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, asphyxia, 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) 16 weeks gestation		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) fetus died 42 hr after birth 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 _____	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) 776x (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 **12-3-51**, 19____, to **12-3-51**, 19____, that I last saw the deceased alive on **12-3-51**, 19____, and that death occurred at **12:05 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Kenneth Culver (Degree or title) _____	23b. ADDRESS Monett Mo.	23c. DATE SIGNED 12-5-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-5-51	24c. NAME OF CEMETERY OR CREMATORY Muncie Chapel	24d. LOCATION (City, town, or county) (State) 2 mi N. Wheat Barry Mo
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DATE REC'D BY LOCAL REG. Dec. 5-1951	REGISTRAR'S SIGNATURE Oliver W. Harrison	25. FUNERAL DIRECTOR'S SIGNATURE H. E. Buchanan ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DIVISION OF HEALTH SERVICES
District No. 5-0712-03

RECEIVED | DEC 10 1951
Dist. File 1227-3084
Date Filed 12-24-51

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 J. M. Buchanan
Licensed Embalmer No. 3179

P. O. Address Monette, 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.