

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7679**

FILED APR 11 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **387** PRIMARY REG. DIST. NO. **5208** Registrar's No. **6**

1. PLACE OF DEATH  
a. COUNTY **CARROLL**  
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN **Hale, Rural**)  
c. LENGTH OF STAY (In this place) **ince 1906**  
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Missouri** b. COUNTY **Carroll**  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Hale, RFD.** **0170**  
d. STREET ADDRESS (If rural, give location) **4 miles west Hale, Mo**

3. NAME OF DECEASED  
a. (First) **ADA** b. (Middle) **JANE** c. (Last) **CULBERTSON**

4. DATE OF DEATH (Month) (Day) (Year)  
**March 29, 1952**

5. SEX **F**

6. COLOR OR RACE **W**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **July 31, 1867**

9. AGE (In years last birthday) **84**

IF UNDER 1 YEAR: Months **7** Days **28** IF UNDER 6 WKS. Hours **28** Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housekeeper**

10b. KIND OF BUSINESS OR INDUSTRY **Same**

11. BIRTHPLACE (State or foreign country) **Carroll County, Mo.**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **JAMES LEE PLUNKETT**

13b. MOTHER'S MAIDEN NAME **Nitha Ann Caulk,**

14. NAME OF HUSBAND OR WIFE **R.G. Culbertson**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO**

(If yes, give war or dates of service) **NO**

16. SOCIAL SECURITY NO. **NONE**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Robert Culbertson, Hale, Mo.**

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  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) **Myo Cardial Failure**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **Arthritis -**  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **3 wks**  
**20 yrs -**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **725X**

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) (Min)

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 **Oct 19 5 1/2 to 29 March 1952**, that I last saw the deceased alive on **26 March 1952**, and that death occurred at **10:15 AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **V.D. Vandevia M.D.**

23b. ADDRESS **Chillicothe Mo**

23c. DATE SIGNED **3/30/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **March 30, 1952**

24c. NAME OF CEMETERY OR CREMATORY **Hale,**

24d. LOCATION (City, town, or county) (State) **Hale, Missouri**

DATE REC'D BY LOCAL REG. **April 8, 1952**

REGISTRAR'S SIGNATURE **49.1 Mrs Rex Henderson**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Clifford W. Austin, Tiba, Missouri**

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

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 .....  
Student Embalmer

Signed

*Clifford W. Austin*

Licensed Embalmer; No.

3233

P. O. Address

Tina, 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.