

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **23670**

S. No. 300
V. 10.48

DECEASED AUG 11 1952

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **832**

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Josephs Hospital		d. STREET ADDRESS (If rural, give location) 2506 Duncan St.	

3. NAME OF DECEASED (Type or Print) a. (First) Francis b. (Middle) Warren c. (Last) Culver			4. DATE OF DEATH (Month) (Day) (Year) August 5, 1952		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married	8. DATE OF BIRTH August 10, 1865		9. AGE (In years last birthday) 86
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. conductor		10b. KIND OF BUSINESS OR INDUSTRY railroad		11. BIRTHPLACE (State or foreign country) Jackson, Michigan	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME UNK.	13b. MOTHER'S MAIDEN NAME unk.	14. NAME OF HUSBAND OR WIFE Flora B. Culver
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) no	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. Flora Culver, 2506 Duncan, St. Joseph, Mo.	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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH minutes
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism		
	ANTECEDENT CAUSES DUE TO (b) Contusion to pelvis (Fall - Fall two steps on pelvis) DUE TO (c) Paget's Disease of Bone of Pelvis		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 731X F	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph Buchanan Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8 2 52 30m	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell down 3. basement steps

22. I hereby certify that I attended the deceased from 7-15, 1939, to 8-5, 1952 that I last saw the deceased alive on 8-4, 1952, and that death occurred at 3:30a m., from the causes and on the date stated above.

23. SIGNATURE <i>[Signature]</i>	23b. ADDRESS 316 No 10th	23c. DATE SIGNED 8-5-52
--	---	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/7/1952	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph Missouri
--	-------------------------------------	--	--

DATE REC'D BY LOCAL REG. August 7, 1952	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS St. Joseph, Mo.
--	--	---	--

AUG 19 1952

Handwritten notes

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 *Eugene Wood*

Licensed Embalmer No. *3804*

P. O. Address *319 So 10th St Joseph 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.

Handwritten initials