S. No. 300
v. 10.48

FILED SEP 8 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27181

State File No.

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 913

1. PLACE OF DEATH
a. COUNTY: Buchanan 0117
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Methodist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan 0117
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 0
d. STREET ADDRESS (If rural, give location): 3515 Penn St.

3. NAME OF DECEASED (Type or Print)
a. (First): Freeman
b. (Middle): Franklin
c. (Last): Culp

4. DATE OF DEATH (Month) (Day) (Year): August 27, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: April 6, 1879
9. AGE (In years last birthday): 73 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): maintanence man
10b. KIND OF BUSINESS OR INDUSTRY: tablet factory
11. BIRTHPLACE (State or foreign country): Albany, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: George K. Culp
13b. MOTHER'S MAIDEN NAME: Harriett Yale
14. NAME OF HUSBAND OR WIFE: Maude

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.: 491-10-6451
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Maude Culp — **ADDRESS**: 3515 Penn, St. Joseph, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Insufficiency — 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) Carcinoma of Transverse Colon

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Cirrhosis of liver with ascites

19a. DATE OF OPERATION: 8-25-52
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Transverse Colon Cirrhosis of liver
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? 153X

22. *I hereby certify that I attended the deceased from* Aug, 19 52, *to* Aug 27, 19 52, *that I last saw the deceased alive on* Aug. 27, 19 52, *and that death occurred at* 11:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE: L. C. Lemon (Degree or title) MD
23b. ADDRESS: St. Joseph Mo
23c. DATE SIGNED: 8-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 8/30/1952
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.: Sept. 4, 1952
REGISTRAR'S SIGNATURE: Carl C. Caswell 446
25. FUNERAL DIRECTOR'S SIGNATURE: Heaton-Bowman Funeral Home — **ADDRESS**: St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed. [illegible]

Licensed Embalmer No. 4791

P. O. Address 319 So. 10 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.