

NOV 5 1952

STANDARD CERTIFICATE OF DEATH

State File No. 35876

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 227

1. PLACE OF DEATH a. COUNTY <i>Pettis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Pettis</i>	
b. CITY (If outside corporate limits, write RURAL, and give township) <i>Sedalia Sedalia 10th</i>		c. CITY (If outside corporate limits, write RURAL, and give township) <i>Sedalia & Smithton R. Route</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Bothwell</i>		d. STREET ADDRESS (If rural, give location) <i>6 miles South of</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) <i>Joseph</i>	b. (Middle) <i>Lee</i>	c. (Last) <i>Culbertson</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>10 27-52</i>
--	--------------------------	------------------------	-----------------------------	---

5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Indicate by check) <i>Never married</i>	8. DATE OF BIRTH <i>Apr 29-1885</i>	9. AGE (In years last birthday) <i>67</i>	IF UNDER 1 YEAR Month Day <i>5-28</i>	IF UNDER 24 HRS. Hour Min. <i>38</i>
--------------------	------------------------------	--	--	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer on farm</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Laborer</i>	11. BIRTHPLACE (State or foreign country) <i>Pettis Co MO</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
---	---	--	---

13a. FATHER'S NAME <i>David</i>	13b. MOTHER'S MAIDEN NAME <i>Mary Key</i>	14. NAME OF HUSBAND OR WIFE <i>✓</i>
------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mr Russell Culbertson</i>	ADDRESS <i>Smithton</i>
---	--	---	----------------------------

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		INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs.</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <i>Carcinoma of sigmoid colon & rectum</i>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <i>Carcinoma of recto sigmoid with metastases to liver Oct 1951.</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	---

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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>154X</i>
--	--	---

22. I hereby certify that I attended the deceased from *Oct 1*, 1951, to *Oct 27*, 1952, that I last saw the deceased alive on *Oct 22*, 1952, and that death occurred at *10:45 AM.*, from the causes and on the date stated above.

23a. SIGNATURE <i>John E. Ramsey MD</i>	(Degree or title)	23b. ADDRESS <i>111 West 4th Sedalia Mo</i>	23c. DATE SIGNED <i>10/28/52</i>
--	-------------------	--	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>Oct 29-52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Flat Creek</i>	24d. LOCATION (City, town, or county) (State) <i>Smithton MO</i>
---	-------------------------------	---	---

DATE REC'D BY LOCAL REG. <i>10/29/52</i>	REGISTRAR'S SIGNATURE <i>W. J. Campbell</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>W. F. Newman</i>	ADDRESS <i>Smithton MO</i>
---	--	---	-------------------------------

25 (Licensed Embalmer's Statement on Reverse Side)

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

0804

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..... *A. F. Hemminger*

Licensed Embalmer No. *3912*

P. O. Address *Smithton, Pa.*

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.