

FILED APR 14 1953

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **8818**

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>412</u>		
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u>		c. LENGTH OF STAY (in this place) <u>26 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grayson, Rural 0250</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital no 2</u>				d. STREET ADDRESS (If rural, give location) <u>P.F.O. 1</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Paul</u> b. (Middle) <u>Middleton</u> c. (Last) <u>Culver</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 5 1953</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan 16 1875</u>		9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>19</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13a. FATHER'S NAME <u>William L. Culver</u>			13b. MOTHER'S MAIDEN NAME <u>Augusta M. Michael</u>		14. NAME OF HUSBAND OR WIFE <u>Maude Culver</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Maude Culver No Kansas City P # 3</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral infarction</u>						2 days	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis - hypertension</u>							
	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 <u>331x</u>					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?				
22. I hereby certify that I attended the deceased from <u>March 9</u> , 19 <u>53</u> , to <u>April 5</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>April 5</u> , 19 <u>53</u> , and that death occurred at <u>11:30 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Forrest Thomas M.D.</u> (Degree or title) <u>0</u>				23b. ADDRESS <u>St Joseph Mo of State Hosp no 2</u>		23c. DATE SIGNED <u>4/5/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4/8/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Green Tower</u>		24d. LOCATION (City, town, or county) (State) <u>PLATTSBURG MO</u>			
DATE REC'D BY LOCAL REG. <u>April 6, 1953</u>		REGISTRAR'S SIGNATURE <u>Gather M. Allison</u> <u>433</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. W. Lyon PLATTSBURG, MO</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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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 Embalmer No.....

Signed.....

*Danell D. Lyon*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3640

P. O. Address PLATTSBURG 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.