

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **31409**

FILED SEP 24 1953

BIRTH NO. _____		REG. DIST. NO. 107		PRIMARY REG. DIST. NO. 3019		Registrar's No. 107		
1. PLACE OF DEATH a. COUNTY DUNKLIN b. CITY (If outside corporate limits, write RURAL and give town or town) KENNETT c. LENGTH OF STAY (in this place) 1 Day d. FULL NAME OF HOSPITAL OR INSTITUTION MEMORIAL HOSPITAL				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mississippi b. COUNTY ALCORN c. CITY (If outside corporate limits, write RURAL and give township) Corinth d. STREET ADDRESS (If rural, give location) R-S-4 MINE				
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE WASHINGTON b. (Middle) CULBERTSON c. (Last) CULBERTSON			4. DATE OF DEATH (Month) (Day) (Year) Sept 20 1953					
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH MARCH 2-1887		
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM LABORER		11. BIRTHPLACE (State or foreign country) Liptonville, Tenn		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME WHEELER CULBERTSON			13b. MOTHER'S MAIDEN NAME MARY-BELLE Southern		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 452-074387		17. INFORMANT'S SIGNATURE OR NAME H.W. Culbertson		ADDRESS Kennett, Ky		
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) Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Septic Air Embolus 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	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					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) 051X				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 9-19 , 19 53 , to 9-20 , 19 53 , that I last saw the deceased alive on 9-19 , 19 53 , and that death occurred at 5:05 p.m., from the causes and on the date stated above.								
23a. SIGNATURE W. W. Culbertson (Degree or title) _____				23b. ADDRESS Cardwell, MO		23c. DATE SIGNED 9-21-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 21 1953		24c. NAME OF CEMETERY OR CREMATORY Dick Ridge		24d. LOCATION (City, town, or county) (State) Kennett, MO		
DATE REC'D BY LOCAL REG. 9-22-53		REGISTRAR'S SIGNATURE 90-20 Carl H. Hubben		25. FUNERAL DIRECTOR'S SIGNATURE Paul Salomon ADDRESS Kennett, Mo				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HE
DEPARTMENT 9-23-53
COUNTY FILE NUMBER 99

SEP 30 1953
SEP 29 1953

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 *J. H. Brown*

Signed
Student Embalmer

Licensed Embalmer No. *2556*

P. O. Address *Trinidad, 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.