

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36816

State File No. _____

FILED NOV 3-1953

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 6963 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Bourbon</u>	
b. CITY OR TOWN <u>Parkville (May)</u>		c. CITY OR TOWN <u>Fort Scott</u> 18150	
c. LENGTH OF STAY (In this place) <u>63</u>		d. STREET ADDRESS (If rural, give location) <u>418 South Broadway</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barry Store</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>B.</u> c. (Last) <u>CULLOR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 25, 1953</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>DEC. 15, 1899</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (If his kind of work does not start most of waking life, even if retired) <u>Rock Quarry</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Limestone Producer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Unionville Mo</u>	12. CITIZEN OF WHAT COUNTRY? _____
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13a. FATHER'S NAME <u>Reason R. Cullor</u>	13b. MOTHER'S MAIDEN NAME <u>Freda Strube</u>	14. NAME OF HUSBAND OR WIFE <u>Daisy Blanche Bradley</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If you always or dates of service) <u>509-34-7589</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James Cullor</u>	ADDRESS <u>615 Seaton St. South</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SKULL FRACTURE & MULTIPLE INTERNAL INJURIES</u>		ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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. <u>AIRPLANE CRASH</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>E801 X 39</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>FIELD</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>MAY TWP. (BARRY) PLATTE MO.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>OCT. 25, 1953 10:20p</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Roland M. Kipper, Coroner</u>	23b. ADDRESS <u>Platte City, Mo.</u>	23c. DATE SIGNED <u>10-26-53</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Oct 26-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cullor Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Unionville Mo</u>
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DATE REC'D BY LOCAL REG. <u>Oct 26-1953</u>	REGISTRAR'S SIGNATURE <u>Alphia Rollins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Comstock F. Nove</u>	ADDRESS <u>Unionville Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

NOV 10 1954

JUL 15 1954

This body was very badly broken up. I did as good a job as I could. some stitching & must treat work;

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 partly

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Leland H. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.