

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 5146 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Davis Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Davis Twp</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>913rd</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Paul</u> b. (Middle) <u>Raymond</u> c. (Last) <u>Cullin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 22-1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 14 1893</u>
9. AGE (In years last birthday) <u>61 yrs</u>	IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u>	IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>	
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>OWN FARM</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>C C Cullin</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Guespacher</u>	
14. NAME OF HUSBAND OR WIFE <u>Nellie Cullin</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>720</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Nellie Cullin, Braymer</u> ADDRESS _____	
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) <u>Intestinal Lipodystrophy</u> 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.	
INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u> (?)			
19a. DATE OF OPERATION <u>Aug. 13, 1954</u>	19b. MAJOR FINDINGS OF OPERATION <u>Intestinal Lipodystrophy</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) _____	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>Oct. 8, 1954</u> , to <u>Nov. 22, 1954</u> , that I last saw the deceased alive on <u>Nov. 22, 1954</u> , and that death occurred at <u>4:50 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. E. Goedberg M.D.</u>		23b. ADDRESS <u>Braymer Mo.</u>	23c. DATE SIGNED <u>11-23-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-24-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Braymer Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Braymer, Mo.</u>
DATE REC'D BY LOCAL REG. <u>12-3-1954</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ruth Ann Grogan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>MEAD FUNERAL SERVICE</u> ADDRESS <u>Braymer, Mo.</u>	

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

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Boon.

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

Dennard F. Mead

Licensed Embalmer No. *2801*

P. O. Address *Prayner, 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.