

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **2113**

BIRTH NO. **FILED JAN 19 1955** REG. DIST. NO. **291** PRIMARY REG. DIST. NO. **4433** Registrar's No. **91**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Putnam	0860	a. STATE Missouri	b. COUNTY Putnam
b. CITY (If outside corporate limits, write RURAL and give township) Unionville	c. LENGTH OF STAY (If in this place) 13 Yrs.	c. CITY OR TOWN Unionville	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION DDDDDD		e. STREET ADDRESS (If rural, give location) 0860	

3. NAME OF DECEASED (Type or Print)	a. (First) Emma	b. (Middle) Rebecca	c. (Last) Cullor	4. DATE OF DEATH (Month) (Day) (Year) January 11, 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 29, 1885	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 11 Days 12	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Putnam County, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME David Wilson Parsons	13b. MOTHER'S MAIDEN NAME Rebecca Statts	14. NAME OF HUSBAND OR WIFE Neal F. Cullor
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mr. Neal F. Cullor	ADDRESS Unionville, Missouri
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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 7
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio-vascular Disease		8/12/55
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	DUE TO (c)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) Unionville, Putnam, Missouri
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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?
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22. I hereby certify that I attended the deceased from 924 9, 1955, to 924 11, 1955, that I last saw the deceased alive on 924 11, 1955, and that death occurred at 12:15 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. W. Gillman, M.D.	23b. ADDRESS Unionville, Mo.	23c. DATE SIGNED Jan 13, 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 15, 55	24c. NAME OF CEMETERY OR CREMATORY Hill Cemetery	24d. LOCATION (City, town, or county) (State) Putnam County, Missouri
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DATE REC'D BY LOCAL REG. 1-17-55	REGISTRAR'S SIGNATURE Marvell Durbin	25. FUNERAL DIRECTOR'S SIGNATURE Comstock Funeral Home	ADDRESS Unionville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 9 1956

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.....
Signature of Student Embalmer

Signed *John N. Comstock*

Licensed Embalmer No. *389*

P. O. Address *Thionville,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.