

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5838

State File No.

FILED MAR 8 1955

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Putnam	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Unionville		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 Monroe Hospital <u>0</u>		e. STREET ADDRESS (If rural, give location) <u>0860</u>	
3. NAME OF DECEASED (Type or Print) a. (First) Neal		b. (Middle) Fred	
c. (Last) Cullor		4. DATE OF DEATH (Month) (Day) (Year) February 15, 1955	
5. SEX Male <u>0</u>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed <u>0</u>	8. DATE OF BIRTH April 25, 1883
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months 9	
IF UNDER 24 HRS. Days 20 Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) Putnam County, Missouri <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner		10b. KIND OF BUSINESS OR INDUSTRY Farm	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Richard A. Cullor	
13b. MOTHER'S MAIDEN NAME Susan Laura Tilley		14. NAME OF HUSBAND OR WIFE Emma Rebecca Cullor	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Eldon Kopfer		ADDRESS Unionville, Missouri	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>& hypertension</u> 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) (m.)		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>Feb 7</u> , 19 <u>55</u> , to <u>Feb 15</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Feb 15</u> , 19 <u>55</u> and that death occurred at <u>2:05P</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Chas L. Judd Do</u>		23b. ADDRESS <u>Unionville, Mo</u>	
23c. DATE SIGNED <u>2/16/55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 2/19/55		24c. NAME OF CEMETERY OR CREMATORY Hill Cemetery,	
24d. LOCATION (City, town, or county) (State) Putnam County, Missouri		DATE REC'D BY LOCAL REG. <u>3-4-55</u>	
REGISTRAR'S SIGNATURE <u>Marvell Durbin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Constock Funeral Home</u>	
ADDRESS <u>Unionville, Mo.</u>		By <u>J.W. Constock</u>	

(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 *James W. Comstock*
Licensed Embalmer No. *419*

P. O. Address *Unionville,*

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.