

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17528

FILED JUN 7 1955

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>6224</u>		Registrar's No. <u>89</u>		
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Center</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Nevada</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R. # 3 AT HOME.</u>				f. STREET ADDRESS (If rural, give location) <u>R.R. # 3</u> <span style="float: right;">1080</span>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Cullen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 30, 1955</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 11, 1893</u>		
9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>J.H. Wyatt</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Brown</u>		14. NAME OF HUSBAND OR WIFE <u>Charles F. Cullen</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles Cullen R.R.3, Nevada, Mo.</u>				
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>Acute Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Recent St. Ferris Phlebitis 10 days</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Chronic C.P. Disease</u> Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>5-10 m</u>  <u>3-200</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>H63X</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) (Min.)		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>April 15, 1955</u> , to <u>May 29, 1955</u> , that I last saw the deceased alive on <u>May 29, 1955</u> and that death occurred at <u>8:00 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Walter H. ...</u>				23b. ADDRESS <u>Moore Bldg., Nevada, Missouri</u>		23c. DATE SIGNED <u>5/31/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-2-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Newton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Nevada, Missouri</u>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>6-3-55 Anna E. ...</u>		REGISTRAR'S SIGNATURE <u>Anna E. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Richinger Funeral Home-Nevada, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

1210

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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 *Rory F. Miller*.....

Licensed Embalmer No. *480*.....

P. O. Address *Nevada*.....

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.