

FILED NOV 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37707

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3052 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Sedalia</u> )		c. LENGTH OF STAY (In this place) <u>20 yrs.</u>	c. CITY OR TOWN <u>Sedalia</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1601 South Barrett, St.</u>		STREET ADDRESS (If rural, give location) <u>1601 South Barrett, St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>VERNA</u>		b. (Middle) <u>BLYTHE</u>	c. (Last) <u>KULL</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>November 21, 1955</u>		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>Dec. 13, 1892</u>		9. AGE (In years last birthday) <u>62</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Secretary</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Warsaw, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George A. Kull</u>		13b. MOTHER'S MAIDEN NAME <u>Lydia Ann Griffith</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>491-07-6046</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Dora Kull, Sedalia, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probable Coronary Embolism.</u>  ANTECEDENT CAUSES DUE TO (b) <u>Cardio Vascular Disease with Nephritis.</u> DUE TO (c) <u>Over 5 yrs.</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None. (Please see the other side.)</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None.</u>	
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) <u>None.</u>		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>over 5 yrs.</u> to <u>Nov. 21st, 1955</u> , that I last saw the deceased alive on <u>10 days ago.</u> and that death occurred at <u>3 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Thos. B. O'Connell M.D.</u>		23b. ADDRESS <u>Sedalia Mo -</u>	
23c. DATE SIGNED <u>11/22-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>23 Nov 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Trach Pelah</u>	
24d. LOCATION (City, town, or county) (State) <u>Lepington, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Decker</u>	
DATE REC'D BY LOCAL REG. <u>11-23-55</u>		REGISTRAR'S SIGNATURE <u>James O'Connell</u>	
25. FUNERAL DIRECTOR'S ADDRESS <u>Sedalia, Mo</u>		25. FUNERAL DIRECTOR'S ADDRESS	

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

CELESTINE FUNERAL HOME

When this lady's sister returned home she found the deceased lying on day bed dead. When I saw her it was apparent that she had been dead several hours and it is my opinion that she died from Coronary Embolism.

Jno. B. Carlisle, M.D.  
II-22-55.

APR 5  
1956

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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..... *Oliver Hart*

Licensed Embalmer No. 347

P. O. Address *Idalia*

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.