

FILED MAY 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13594

State File No. 207

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 207

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		c. LENGTH OF STAY (In this place) <u>5 years</u>	c. CITY OR TOWN <u>Independence</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Indep. Sanitarium</u>		e. STREET ADDRESS (If rural, give location) <u>1708 So. Overton</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>EVELYN</u> b. (Middle) <u>JESSIE</u> c. (Last) <u>CULLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-29-1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 24-1870</u>
9. AGE (In years last birthday) <u>86</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Chilhowee, Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John B. Moran</u>		13b. MOTHER'S MAIDEN NAME <u>Sophia Farr</u>	14. NAME OF HUSBAND OR WIFE <u>Leeper Culley</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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mina Grant - L.A. Calif</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis as a part of gen. Arterio-sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Fracture of femur</u>	
19a. DATE OF OPERATION <u>4/20/56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Fracture neck of femur</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		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>4/19</u> , 19 <u>56</u> , to <u>4/29</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>4-29-56</u> , and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Fred W. Nunk M.D.</u> (Degree or title) _____		23b. ADDRESS <u>20229 Kelly Ave Kc Mo</u>	
23c. DATE SIGNED <u>4-30-56</u>		24. LOCATION (City, town, or county) (State) <u>Chilhowee, Mo.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-1-1956</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Bridgah Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Chilhowee, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-1-56</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>C.H. Blackman</u>		ADDRESS <u>San Mo.</u>	

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

112, Mo.

1129

302 N. Spring

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 *W.C. Perrine*

Licensed Embalmer No. *487*

P. O. Address *H.C. 2nd*

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.