

FILED MAY 21 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15736  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5180 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Camden</u> c. DISTRICT <u>0150</u>	
b. CITY OR TOWN <u>Rural - Warren</u>	c. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY OR TOWN <u>Rural - Warren</u>	d. Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Tunnel Dam</u>		e. STREET ADDRESS (If rural, give location) <u>Camden Co.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Perry</u> b. (Middle) _____ c. (Last) <u>Cullen</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 13, 1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 24, 1896</u>
9. AGE (In years last birthday) <u>59</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>self</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Camden Co. Mo.</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Camden Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Cullen</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Webb</u>	
14. NAME OF HUSBAND OR WIFE <u>Bertha F. Cullen</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give way or dates of service) <u>World War - 1</u>	
16. SOCIAL SECURITY NO. <u>478-10-8054</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bertha F. Cullen</u> ADDRESS <u>Camden Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angina Pectoris</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day only</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION <u>None</u>	
19b. MAJOR FINDINGS OF OPERATION		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) <u>4202</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
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>1854</u> to <u>May 13, 1956</u> , that I last saw the deceased alive on <u>May 12, 1956</u> , and that death occurred at <u>1020 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. J. Gilbert</u>		23b. ADDRESS <u>M.D.O. Camden Mo.</u>	
23c. DATE SIGNED <u>5-14-56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>May 16 - 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Camden Co. Mo.</u>		DATE REC'D BY LOCAL REG. <u>May 15/1956</u>	
REGISTRAR'S SIGNATURE <u>Zilpha J. Draw</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Banksen Woolen Funeral Home</u> ADDRESS <u>Camden Mo.</u>	

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

MAY 22 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..... *Robert H. Reed* .....

Licensed Embalmer No. *3145*

P. O. Address... *Camden* .....

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.