

Health, Welfare, Public Service
 300
 1-56
 Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED SEP 21 1956

31975

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7908

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Robinson		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL				Length of stay in lb 2mos. 20days		d. STREET ADDRESS R#1 (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Clarence Middle Edward Last Culp				4. DATE OF DEATH Month August Day 27 Year 1956			
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 22, 1913	
		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. AGE (In years last birthday) 43		IF UNDER 1 YEAR IF UNDER 24 HRS. Months 7 Days 5 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, open if retired) Pottery Worker				10b. KIND OF BUSINESS OR INDUSTRY Case Pottery Co.		11. BIRTHPLACE (City and state or country) Robinson, Illinois	
13. FATHER'S NAME Grover C. Culp				14. MOTHER'S MAIDEN NAME Ora Randolph			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes W.W.#2				16. SOCIAL SECURITY NO. 357-09-3507		17. INFORMANT Address Elizabeth Culp (wife) R#1 Robinson, Ill.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Infarct						INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) Colfactory Meningioma	
						DUE TO (c) 223x	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month Day Year a. m. p. m. 							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from June 7, 1956 to August 27, 1956 and last saw her alive on Aug 27, 1956 Death occurred at 2:17 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Type or print) C. D. Vermillion, M. D.				22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 8/27/56	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 8-27-56		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) Robinson, Ill.	
24. FUNERAL DIRECTOR ADDRESS Buchanan, Robinson, Ill.				25. DATE RECD. BY LOCAL REG. AUG 27 1956		26. REGISTRAR'S SIGNATURE Carl Smith, M.D.	

(Licensed Embalmer's Statement on Reverse Side)

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 *Francis J. Weyland*
Licensed Embalmer No. 45

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.