

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

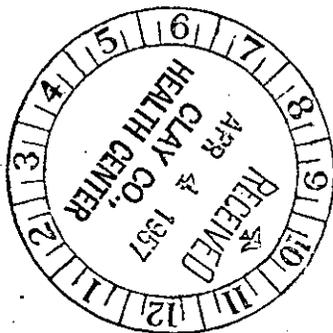
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State File No.

FILED APR 8 - 1957

BIRTH NO. _____		REG. DIST. NO. <u>71</u>		PRIMARY REG. DIST. NO. <u>3012</u>		Registrar's No. <u>21</u>		
1. PLACE OF DEATH a. COUNTY <u>CLAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>KANSAS</u> b. COUNTY <u>MITCHELL</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EXCELSIOR SPRINGS</u>		c. LENGTH OF STAY (in this place) <u>4 MOS.</u>		c. CITY OR TOWN <u>BELOIT</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>EXCELSIOR SPRINGS HOSPITAL</u>				f. STREET ADDRESS (If rural, give location) <u>1201 N. HERSEY</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ISABELLE</u> b. (Middle) <u>G</u> c. (Last) <u>CULP</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 18 1957</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>11-16-1880</u>		
9. AGE (In years last birthday) <u>76</u>		# UNDER 1 YEAR (Months) _____		# UNDER 1 HRS. (Hours) _____		# UNDER 1 MIN. (Min.) _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>BELOIT, KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>ISSAC GAYLORD</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>			14. NAME OF HUSBAND OR WIFE <u>BERT C. CULP</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. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>WAYNE CULP, BELOIT, KANSAS</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, asphemia, etc. It means the disease, injury, or complication which caused death.								
MEDICAL CERTIFICATION								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>								
ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>Arteriosclerosis</u> rise to the above cause (a) stating the underlying cause last.								
DUE TO (c) <u>Hypometabolism</u>								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4261</u>					20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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>Dec 13, 1956</u> to <u>18 Mar, 1957</u> , that I last saw the deceased alive on <u>17 Mar, 1957</u> , and that death occurred at <u>3:35 am</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>George E. Sanders M.D.</u>				23b. ADDRESS <u>Excelsior Springs, Mo.</u>		23c. DATE SIGNED <u>3-18-57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>3-18-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ELMWOOD</u>		24d. LOCATION (City, town, or county) (State) <u>BELOIT, KANSAS</u>		
DATE REC'D BY LOCAL REG. <u>3-20-57</u>		REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Prichard Funeral Home, Inc. Excelsior Springs, Missouri</u>				

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



APR 8 1957

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 *Lindell J. Jarmar*

Licensed Embalmer No. *458*
P. O. Address: *Excelsior Springs*

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.