

FILED JUL 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24248

STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 138

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY GRUNDY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Grundy | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN TRENTON | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN TRENTON |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wright Hospital | | Length of stay in 1b | d. STREET ADDRESS Route 6 |
| 3. NAME OF DECEASED (Type or print) First MARtha Middle ThOMAS Last CulBERTSON | | 4. DATE OF DEATH Month July Day 22 Year 1957 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH MAY 19, 1885 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home maker | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years last birthday) 72 |
| 13. FATHER'S NAME JAMES Heriford. | | 11. BIRTHPLACE (City and state or country) PRINCETON, MO | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 16. SOCIAL SECURITY NO. NONE | | 14. MOTHER'S MAIDEN NAME DORtha (UNKNOWN) | |
| 17. INFORMANT DORtha CRASE Winterset Iowa. | | Address | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adenocarcinoma of Stomach | | | INTERVAL BETWEEN ONSET AND DEATH 1 year |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Bowel - Enterostomy July 10th 1957 | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ a. m. _____ p. m. _____ | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <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 1st 1957 to July 22nd and last saw her <input checked="" type="checkbox"/> him <input type="checkbox"/> alive on July 22nd 1957 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Cliver R. Duffy MD | | 22b. ADDRESS Trenton, Mo | |
| 22c. DATE SIGNED July 22nd 1957 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE July 25, 1957 | 23c. NAME OF CEMETERY OR CREMATORY Allerton Cemetery | 23d. LOCATION (City, town, or county) (State) Allerton, Iowa. |
| 24. FUNERAL DIRECTOR J. Gordon Blackmore Trenton, Mo | | 25. DATE RECD. BY LOCAL REG. 7/25/57 | 26. REGISTRAR'S SIGNATURE Dorene Fair |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

0.7. Duffy

(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 *Harold Roberts*

Licensed Embalmer No. *49*
P. O. Address *Trenton*

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.