

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008644

STATE FILE NUMBER

FILED APR 15 1958

Registration District No. 1 Primary Registration District No. 2000 Registrar's No. 105

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN LaPlata 0610 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION & CLINIC GRIM-SMITH HOSPITAL		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First William Middle Franklin Last Cullen			4. DATE OF DEATH Month April Day 1 Year 1958
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 1 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-14-06
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Superintendent		100. KIND OF BUSINESS OR INDUSTRY Light Company	9. AGE (In years last birthday) 51
13. FATHER'S NAME John Cullen		14. MOTHER'S MAIDEN NAME Elizabeth Reedy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 494-05-2544	17. INFORMANT 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) Acute myocardial insufficiency. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Auricular fibrillation. DUE TO (c) Coronary thrombosis.			INTERVAL BETWEEN ONSET AND DEATH 48 hours
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			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 12:20 Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 3-30-58 to 4-1-58 and last saw him ^{her} alive on 4-1-58 Death occurred at 12:20 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) O. W. Hasselblad, M. D.		22b. ADDRESS Kirksville, Missouri	22c. DATE SIGNED 4-3-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Apr 3, 1958	23c. NAME OF CEMETERY OR CREMATORY La Plata Cemetery	23d. LOCATION (City, town, or county) (State) La Plata, Mo.
24 FUNERAL DIRECTOR ADDRESS Wilson Funeral Home, La Plata, Mo		25. DATE RECD. BY LOCAL REG. 4-8-1958	26. REGISTRAR'S SIGNATURE Dora W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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JUN 25 1958

APR 22 1958

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APR 23 1958

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 *Kenneth M. Wilson*

Licensed Embalmer No. 47

P. O. Address La Plata,

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.