

FILED MAR 10 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007016

STATE FILE NUMBER
2 2104

SL 19184

Registration District No.

Primary Registration District No.

Registrar's No.

300
-57
34
PI

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY CHRISTIAN		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N GRAND, ST. LOUIS, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN TAYLORVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM. HOSPITAL		Length of stay in lb 6 DAYS	d. STREET ADDRESS (If outside, give location) 518 N WHITE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last CARL H. CULP			4. DATE OF DEATH Month Day Year FEBRUARY 27, 1959		
5. SEX MALE <input checked="" type="checkbox"/>	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-16-92	9. AGE (In years) 67	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHIROPRACTOR		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or territory) NAKOMIS, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME AMOS CULP		13b. MOTHER'S MAIDEN NAME JANE YOUNG		14. NAME OF HUSBAND OR WIFE RENA CULP	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give service unknown) (If yes, give branch or dates of service) YES <input checked="" type="checkbox"/> NO -1		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT VA HOSP. RECORDS, ST. LOUIS, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MULTIPLE MYELOMA					INTERVAL BETWEEN ONSET AND DEATH 6 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					203+
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 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. <input checked="" type="checkbox"/> attended the deceased from 2-21-59 to 2-27-59 and last saw him ^{her} alive on 2-27-59 Death occurred at 9:15 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE JEREMIAH SILBERT (Degree of title) M.D.			22b. ADDRESS VAH, 915 N GRAND, ST LOUIS, MO.		22c. DATE SIGNED 2/28/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3-2-58	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		23d. LOCATION (City, town, or county) (State) Taylorville, Ill.
24. FUNERAL DIRECTOR Seidel Funeral Home, Taylorville, Ill.			25. DATE RECD. BY LOCAL REG. FEB 28 '59		26. REGISTRAR'S SIGNATURE Earl Smith M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Not embalmed - G. Mc*

Licensed Embalmer No.

P. O. Address

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.