

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017669

FILED MAY 29 1959

Registration District No.

149

Primary Registration District No.

1002

STATE FILE NUMBER

Registrar's No. 2171

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		3908 c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKE'S			Length of stay in lb 30 YEARS		d. STREET ADDRESS (If outside, give location) 1109 WEST 77th. STREET		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First EDWIN Middle LLOYD Last CULLUM				4. DATE OF DEATH Month APRIL Day 29 Year 1959					
5. SEX MALE	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 APRIL 16, 1896		9. AGE (In years last birthday) 63	10. FUNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PHARMACIST			10b. KIND OF BUSINESS OR INDUSTRY DRUG STORE		11. BIRTHPLACE (City and state or country) PUTNAM COUNTY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME JOSEPH M. CULLUM			13b. MOTHER'S MAIDEN NAME DELPHA GORRELL			14. NAME OF HUSBAND OR WIFE MYRTICE CULLUM			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or type of service) YES NAVY W. W. # 1			16. SOCIAL SECURITY NO. 486 10 4501		17. INFORMANT Address 1109 W. 77th. St. MRS MYRTICE CULLUM-KANSAS CITY, MISSOURI				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive Heart Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Myocardial Infarction</u> DUE TO (c) <u>Coronary Arteriosclerosis</u>							INTERVAL BETWEEN ONSET AND DEATH		
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 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 <u>Sept '1958</u> , to <u>4-29-59</u> and last saw him alive on <u>4-29-59</u> Death occurred at <u>3:43 P.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>R. K. Skillman MD</u>				22b. ADDRESS <u>4635 W. 94th St., Kansas City, Mo.</u>				22c. DATE SIGNED <u>4-30-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 5 1 59		23c. NAME OF CEMETERY OR CREMATORY UNIONVILLE CEM			23d. LOCATION (City, town, or county) (State) UNIONVILLE, MO.		
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS-KANSAS CITY, MO.				1331 BRUSH ADDRESS CREEK BLVD.		25. DATE RECD. BY LOCAL REG. 5-1-59		26. REGISTRAR'S SIGNATURE <u>Reva Marshall</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

R. K. Skillman

11.30

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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 *C. D. Helton*
Licensed Embalmer No. *4421*
P. O. Address *Kanawha*

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.