MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-029193

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4111

FILED AUG 31 1961

AMENDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b 35 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital
Inside Limits Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City
Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 815 West 39th
Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First MAEME Middle Last CULBERTSON
4. DATE OF DEATH Month 8 Day 17 Year 1961
5. SEX Female
6. COLOR OR RACE White
7. Married X Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 6 23 1894
9. AGE (last birthday) 67
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Domestic
11. BIRTHPLACE (City and state or country) Kansas City, Kansas
12. CITIZEN OF WHAT COUNTRY U. S. A
13a. FATHER'S NAME Bear Olson
13b. MOTHER'S MAIDEN NAME Anna Swanson
14. NAME OF HUSBAND OR WIFE R. J. Culbertson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. –
17. INFORMANT Calvin Culbertson Address 7604 Arlington

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma right ureter — 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) Uremia — 1 month
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes X No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES X NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1956, to Aug 17, 1961 and last saw her alive on Aug 17, 1961
Death occurred at 2:05 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Warren F. Wilhelm (Degree or title) M.D.
22b. ADDRESS Kansas City 6 Mo
22c. DATE SIGNED 8/18/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8 19 61
23c. NAME OF CEMETERY OR CREMATORY Floral Hills
23d. LOCATION (City, town, or county) Kansas City (State) Missouri

24. FUNERAL DIRECTOR Floral Hills Memorial Chapels, Inc ADDRESS K.C. Mo
25. DATE RECD. BY LOCAL REG. 8-18-61
26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

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. M. Joiner

Licensed Embalmer No. 3453

P. O. Address K. C. Kan.

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.