

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 38240  
Registrar's No. 1

Registration District No. 762 Primary Registration District No. 4457

1. PLACE OF DEATH:  
(a) County St. Clair  
(b) City or town Callins  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 50 yrs (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Margie Culbertson  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Fe 5. Color or race wh  
6. (a) Name of husband or wife Sam Culbertson 6. (a) Single, widowed, married divorced widowed  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Aug 10 1890  
(Month) (Day) (Year)

8. AGE: Years 90 Months 11 Days \_\_\_\_\_ If less than one day hr. min.

9. Birthplace St. Clair Co. Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name John Bard  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown  
15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature M. D. Culbertson  
(b) Address Callins, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 25, 1940  
(Month) (Day) (Year)  
(c) Place: burial or cremation Culbertson Cem.

18. (a) Signature of funeral director Joseph Landaker  
(b) Address Callins Mo

19. (a) Oct 10 1940 (Date received local registrar) (b) Mrs. C. S. Landaker (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Clair  
(c) City or town Callins  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21  
year 1940 hour 7 minute 30 p.m.  
21. I hereby certify that I attended the deceased from June 23  
\_\_\_\_\_, 1939, to Aug 21, 1940  
that I last saw her alive on Aug 21, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Senile  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
\_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature D. E. D. Brown D.O. (M. D. or other) \_\_\_\_\_  
Address Callins Mo Date signed Oct 10 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 7,

District File Number 11-40-1603

Date Filed 11-12-40

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

Gilbert Hathaway, Registered Apprentice No. 269  
working under my personal supervision.

Signed

Ralph A. Joseph

Licensed Embalmer No. 3149

P. O. Address Hannasville

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 this body is not embalmed, above space should be left blank.