. S. No. 2
I—11-10-39
v. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1942

Registration District No. _____

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5735

Primary Registration District No. 1

Registrar's No. 66

1. PLACE OF DEATH:

(a) County: Adair

(b) City or town: Kirksville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Laughlin
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

In this community 34 yrs - 6 Mo. - 10 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Lewis

(c) City or town: LaBelle,
(If outside city or town limits, write "RURAL")

(d) Street No.: none
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ---- years.

3. (a) PRINT FULL NAME: Chester Evdean Culpen

3. (b) If veteran, name war: none

3. (c) Social Security No. 498-01-3399

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mildred Simpson Culpen

6. (c) Age of husband or wife if alive: 34 years

7. Birth date of deceased: August (Month) 9th (Day) 1907 (Year)

8. AGE: Years 34 | Months 6 | Days 10 | If less than one day ____ hr. ____ min.

9. Birthplace: LaBelle, Lewis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Carpenter & Refinishing

11. Industry or business: ----

FATHER
12. Name: Riley Culpen
13. Birthplace: Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Senia (Culpen) Wright
15. Birthplace: Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant: Mildred S. Culpen
(b) Address: LaBelle, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feby. 22, 42 (Month) (Day) (Year)
(c) Place: burial or cremation: Elm Grove Cemetery LaBelle, Mo.

18. (a) Signature of funeral director: Davis Funeral Home
(b) Address: Kirksville, Mo

19. (a) 2/20/42 (Date received by local registrar) (b) Mrs. J. Wagner (Registrar's signature)

1644

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19 year 1942 hour 2 minute 05 A.M.

21. I hereby certify that I attended the deceased from Feb 17, 1942 to Feb 19, 1942 that I last saw him alive on Feb 18, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Gal peritonitis

Due to: Acute hemorrhagic pancreatitis

Due to:

Other conditions (Include pregnancy within 3 months of death): 128

Duration

Major findings: Of operations: Gal. peritonitis and acute pancreatitis, etc

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)

While at work? (e) Means of injury:

23. Signature: Earl Laughlin (M. D. or other) DO

Address: Kirksville, Mo Date signed 2-19-42

(Licensed Embalmer's Statement on Reverse Side)

MAR 18 1942

RECEIVED
District Health Officer No. 10
District File Number 10-42-388
Date Filed MAR 11 1942

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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Keith Collier
Licensed Embalmer No. 3632
P. O. Address Kirksville Mo

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.