

S. No. 2  
M-8-43  
7. 5-17-39  
X37823

DEPARTMENT OF HEALTH  
BUREAU OF THE CEASES  
FILED NOV 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37895**  
Registrar's No. **430**

Registration District No. **274** Primary Registration District No. **3052**

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

1. PLACE OF DEATH:  
(a) County **PETTIS**  
(b) City or town **SEDALIA**  
(c) Name of hospital or institution: **BOTHWELL HOSPITAL**  
(d) Length of stay: **2 HRS.**  
In this community **45 years**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo** (b) County **PETTIS**  
(c) City or town **SEDALIA**  
(d) Street No. **500 E 26TH ST.**  
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **DONNIE VIOLA CULLEY**  
(b) If veteran, name war \_\_\_\_\_  
(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Nov.** day **9**  
year **1946** hour **9** minute **A.M.**  
21. I hereby certify that I attended the deceased from **as a nurse**  
**Nov 9**, 19**46**, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex **FEMALE** 5. Color or race **WHITE**  
6. (a) Single, widowed, married, divorced **W.I.D.**  
6. (b) Name of husband or wife **K.B. CULLEY**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Immediate cause of death **3rd Degree Burns**  
Due to **Gasoline explosion**  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years **77** Months **4** Days **16**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **MILLER Co. Mo**  
10. Usual occupation **AT HOME**

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **10/15**  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name **JOHN BRANDON**  
13. Birthplace **Mo**  
14. Maiden name **MALINDA POWDEN**  
15. Birthplace **Mo**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **accident / 32**  
(b) Date of occurrence **11/9/46**  
(c) Where did injury occur? **Sedalia Pettis Mo**  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **home**  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury **explosion**

16. (a) Informant **MRS. ROSA M. KELVEY**  
(b) Address **1614 E 6TH SEDALIA**  
17. (a) **BURIAL** (b) Date thereof **11/12/46**  
(c) Place: burial or cremation **CROWN HILL**  
18. (a) Signature of funeral director **Geo Dillard**  
(b) Address **Sedalia**  
19. (a) **11/10/46** (b) **Betty Yeager**  
(Date received local registrar) (Registrar's signature)

23. Signature **H. J. Holden** (Att. D. or other) **D.O.**  
Address **315 E. 4th St. Sedalia Mo.** Date signed **11/10/46**  
**251** (Licensed Embalmer's Signature on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

11-23-46

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 *L. F. Parker*

Licensed Embalmer No. *3840*

P. O. Address *Seabrook Md*

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, fact should be so stated above.