

FILED APR 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8789

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Carthage)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage	
c. LENGTH OF STAY (in this place) 63 yrs		d. STREET ADDRESS (If rural, give location) 719 E. Third St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 719 E. Third St.		d. STREET ADDRESS (If rural, give location) 719 E. Third St.	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) LOGAN c. (Last) CULLEY	4. DATE OF DEATH (Month) (Day) (Year) April 5, 1949
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 30, 1885	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer	10b. KIND OF BUSINESS, OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Lawrence County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Isaac Culley	13b. MOTHER'S MAIDEN NAME Mary Swearingen	14. NAME OF HUSBAND OR WIFE Mrs. Ida Culley
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. J. L. Culley, 719 E 3rd, Carthage	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of lung, primary	DUE TO (b) left Bronchus	
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) None	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		None 1697	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec 21, 1948, to Apr 5, 1949, that I last saw the deceased alive on Apr 4, 1949, and that death occurred at 12:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE George H. Wood MD	(Degree or title)	23b. ADDRESS Carthage Mo	23c. DATE SIGNED Apr 7, '49
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Apr. 8, 1949	24c. NAME OF CEMETERY OR CREMATORY Goss Cemetery	24d. LOCATION (City, town, or county) (State) Lawrence Co, Missouri
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DATE REC'D BY LOCAL REG. Apr 17-1949	REGISTRAR'S SIGNATURE J. B. [Signature]	139	25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary	ADDRESS Carthage, Mo.
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Embalmer's Statement on Reverse Side

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

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.

Signed.....

Robert H. Knell

Signed.....

Student Embalmer

Licensed Embalmer No. 4459

P. O. Address _____

Orthage

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.