

FILED OCT 3 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29312

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 1042		
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan				
b. CITY (If outside corporate limits, write BURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 43 yrs.		c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN St. Joseph				
d. FULL NAME OF HOSPITAL OR INSTITUTION 1620 Grand Ave.				d. STREET ADDRESS (If rural, give location) 1620 Grand Ave.				
3. NAME OF DECEASED (Type or Print) a. (First) Nancy b. (Middle) J. c. (Last) Culver			4. DATE OF DEATH (Month) (Day) (Year) Sept. 23, 1949					
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb. 29, 1860		9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months 6	IF UNDER 2 HRS. Days 24	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Gallatin, Mo...		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME James Splawn		13b. MOTHER'S MAIDEN NAME unknown Judah		14. NAME OF HUSBAND OR WIFE Mose C. Culver				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Frank Moss 1620 Grand Ave.				
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial failure ANTECEDENT CAUSES chronic myocarditis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Secularity DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 5 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from _____, 1943 to 9/23, 1949, that I last saw the deceased alive on 7/22, 1949, and that death occurred at 10:40 a.m., from the causes and on the date stated above.								
23a. SIGNATURE W. W. Zoethamer M.D. (Degree or title)				23b. ADDRESS 4111 Kirkpatrick St. St. Joseph, Mo.		23c. DATE SIGNED 9/24/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/24/49	24c. NAME OF CEMETERY OR CREMATORY Ashland		24d. LOCATION (City, town, or county) (State) St. Joseph Mo.			
DATE REC'D BY LOCAL REG. Sept 29, 1949		REGISTRAR'S SIGNATURE E. C. Jenkins 382		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Weston Leonard Funeral St. Joseph Mo.				

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

Dr. W. W. M. Southwick  
Write Body.

**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 .....  
Student Embalmer

Signed.....

*Eugene Wood*

Licensed Embalmer No. *3804*

P. O. Address *379 S. 10th St. Omaha, 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, fact should be so stated above.