

No. 300
10-48

FILED FEB 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5287

0551
0

BIRTH NO. _____ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 5655 Registrar's No. 291

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mt. Vernon, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Campbell, Missouri	
c. LENGTH OF STAY (in this place) 852 days		d. STREET ADDRESS (If rural, give location) none	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Mo. State Sanatorium			

3. NAME OF DECEASED (Type or Print)	a. (First) Richard	b. (Middle) B.	c. (Last) Culpepper	4. DATE OF DEATH (Month) (Day) (Year) 2 15 1950
-------------------------------------	---------------------------	-----------------------	----------------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-25-92	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Mountain View, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Lewis C. Culpepper	13b. MOTHER'S MAIDEN NAME Mary Michaux	14. NAME OF HUSBAND OR WIFE Ona Ingram Culpepper
--	---	---

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. 430-34-9037	17. INFORMANT'S SIGNATURE OR NAME Ethel McMichael, Record Clerk	ADDRESS Mt. Vernon
--	--	--	---------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Over 6 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary tuberculosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		002X	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 10-14, 1947, to 2-15, 1950, that I last saw the deceased alive on 2-15, 1950, and that death occurred at 9:15 am., from the causes and on the date stated above.

23a. SIGNATURE P. A. Brushner M.D.	(Degree or title)	23b. ADDRESS Mt. Vernon, Missouri	23c. DATE SIGNED 2-15-50
---	-------------------	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Feb. 15, 1950	24c. NAME OF CEMETERY OR CREMATORY Piggott Park	24d. LOCATION (City, town, or county) (State) City Piggott Ark.
---	--------------------------------	--	--

DATE REC'D BY LOCAL REG. Feb 15, 1950	REGISTRAR'S SIGNATURE Cecil Hendricks	25. FUNERAL DIRECTOR'S SIGNATURE F. Horn	ADDRESS Mt. Vernon, Mo
--	--	---	-------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 21 1950
District Health Office No. 6,
District File Number 250-249
Date Filed 2-21-50

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 _____

my self.
working under my personal supervision.

Student Embalmer No. _____

Student _____
Student Embalmer

Signed *H D Lovell* _____

Licensed Embalmer No. 2201 _____

P. O. Address *MT Vernon 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.