

No. 300
10. 48

FILED NOV 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35902

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 6131 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <u>Shannon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Montier) twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Montier Twship</u> <u>1010</u>	
c. LENGTH OF STAY (in this place) <u>3 years</u>		d. STREET ADDRESS (If rural, give location) <u>4 mi SE of Mt View, Mo.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>4 mi SE of Mt View, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>4 mi SE of Mt View, Mo.</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Ira</u>	b. (Middle) <u>Coleman</u>	c. (Last) <u>Culpepper</u>	(Month) <u>Oct</u>	(Day) <u>17</u>	(Year) <u>50</u>

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 13-1902</u>	9. AGE (In years last birthday) <u>48</u>	10. UNDER 1 YEAR <u>8</u> Months	11. UNDER 1 YEAR <u>4</u> Days	12. UNDER 1 YEAR <u>0</u> Hours	13. UNDER 1 YEAR <u>0</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Teresita, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Robert Culpepper</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Capalinger</u>	14. NAME OF HUSBAND OR WIFE <u>Mable Culpepper</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mable Culpepper Mtn View, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		DUPLICATE		<u>1 week</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Malignant Hypertension</u>		<u>3 yrs</u>
		DUE TO (c)		<u>444x</u>

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)	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) (Min.)	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 Sept 1950, to Oct 17, 1950, that I last saw the deceased alive on Oct 14, 1950, and that death occurred at 6 p m., from the causes and on the date stated above.

23a. SIGNATURE <u>B.C. Reivins M.D.</u> (Degree or title)	23b. ADDRESS <u>Mountain View Mo</u>	23c. DATE SIGNED <u>10-25-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-20-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Teresita, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-30-50</u>	REGISTRAR'S SIGNATURE <u>G.S. Rose Jr</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Duncan Funeral Home Mtn View, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

OCT 31 1950

DISTRICT HEALTH OFFICE No. 6

File No.

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 *Joe R. Duncan*

Licensed Embalmer No. *4325*

P. O. Address *Monte View, 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.