

STANDARD CERTIFICATE OF DEATH

State File No. 251

FILED JUL 7 1952

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 4067 Registrar's No. 251

1. PLACE OF DEATH a. COUNTY <u>CALLAWAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CALLAWAY</u> c. CITY OR TOWN <u>AUXVASSE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>AUXVASSE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>AUXVASSE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>MAIN ST.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>SUSAN</u> c. (Last) <u>CULVER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 2, 1952</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>	8. DATE OF BIRTH <u>SEPT. 9, 1875</u>
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	11. BIRTHPLACE (State or foreign country) <u>ANDRAIN CO. MO.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>M. W. Hodges</u>	
13b. MOTHER'S MAIDEN NAME <u>MARY ANN WATTS</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>	
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. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Harrell Culver, Auxvasse, Mo.</u>		ADDRESS <u>Auxvasse, Mo.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Coronary Heart disease</u> DUE TO (c) <u>Slight Cerebral Embolus.</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201	
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 <u>Jan</u> , 19 <u>40</u> , to <u>July 2</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>July 2</u> , 19 <u>52</u> , and that death occurred at <u>9:00 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>A. H. ...</u> (Degree or title)		23b. ADDRESS <u>Auxvasse, Mo.</u>	
23c. DATE SIGNED <u>July 3, 1952</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>July 4, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Chapel.</u>	
24d. LOCATION (City, town, or county) (State) <u>Andrain Co. Mo.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Maupin Funeral Home</u>	
24f. ADDRESS <u>Fulton, Mo.</u>		DATE REC'D BY LOCAL REG. <u>July 5-1952</u>	
REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>		4265	

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

JUL 2 1953

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 *J. V. Rossor*  
Licensed Embalmer No. *2555*  
P. O. Address *Fuller 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.