

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26954

State File No.

BIRTH NO. **FILED AUG 11 1952** REG. DIST. NO. **362** PRIMARY REG. DIST. NO. **4531** Registrar's No. **58**

1. PLACE OF DEATH a. COUNTY Warren <i>1090 of</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Franklin <i>0.16/</i>	
b. CITY (If outside corporate limits, write RURAL and give town) Warrenton		c. CITY (If outside corporate limits, write RURAL and give township) Union <i>1</i>	
c. LENGTH OF STAY (In this place) 1 year		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Katie Jane Mem. Home			

3. NAME OF DECEASED a. (First) Michael b. (Middle) Culkin c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) July 28, 1952		
5. SEX Male	16. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed <i>2</i>	8. DATE OF BIRTH June 16, 1865	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 1 Days 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Clothing	11. BIRTHPLACE (State or foreign country) Illinois <i>/</i>		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Patrick Culkin		13b. MOTHER'S MAIDEN NAME Margaret Delaney		14. NAME OF HUSBAND OR WIFE Minna Edens Culkin, dec.	
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. Helen Collins, Union, Mo.	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH when	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arteriosclerosis Degener of left great toe		3 week	
		DUE TO (c) Arteriosclerosis Degener of heart		when	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Arteriosclerosis Heart Disease			

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 **Aug 6, 1952**, to **July 28, 1952**, that I last saw the deceased alive on **July 28, 1952**, and that death occurred at **4:30 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. H. ...		23b. ADDRESS Warrenton, Mo.		23c. DATE SIGNED 7-28-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 30, '52		24c. NAME OF CEMETERY OR CREMATORY St. Patrick's Cem.	
24d. LOCATION (City, town, or county) (State) Maryville, Mo.		DATE REC'D BY LOCAL REG. 7-30-52 REGISTRAR'S SIGNATURE loyd Logan F. W. NIEBURG & CO., Warrenton, Mo.			

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

AUG 11 1952

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

working under my personal supervision.

Student Embalmer No.

Signed *John E. Nerlinger*

Signed.....
Student Embalmer

Licensed Embalmer No. *HH 09*

P. O. Address. *Warrenton, 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.