

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

30696

FILED OCT 15 1952

BIRTH NO. _____		REG. DIST. NO. <u>27</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>97</u>	
1. PLACE OF DEATH a. COUNTY <u>Bates</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Bates</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler</u>		<u>0071</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>509 W. Ft. Scott</u>				d. STREET ADDRESS (If rural, give location) <u>509 W. Ft. Scott</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lewis</u> b. (Middle) <u>Cass</u> c. (Last) <u>Culbertson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 9 1952</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov 12, 1874</u>	9. AGE (In years) Last birthday <u>77</u>	If UNDER 1 YEAR Month <u>10</u> Day <u>27</u>	If UNDER 1 HR. Hour <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Retired Judge</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Judge</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bates Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>James H. Culbertson</u>		13b. MOTHER'S MAIDEN NAME <u>Dicie Godsey</u>		14. NAME OF HUSBAND OR WIFE <u>Dora Culbertson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>Spanish-Am.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Dora Culbertson</u> ADDRESS <u>Butler</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) <u>Acute Pulmonary Edema</u> DUE TO (c) <u>Edema</u>					INTERVAL BETWEEN ONSET AND DEATH <u>0</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>				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 <u>Oct 9, 1952</u> , to <u>Oct 9, 1952</u> , that I last saw the deceased alive on <u>Oct 9, 1952</u> , and that death occurred at <u>12:45 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Carter W. Luter M.D.</u> (Degree or title)				23b. ADDRESS <u>Butler Mo</u>		23c. DATE SIGNED <u>10/10/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-11-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakhill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Butler Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Oct. 10 - 1952</u>		REGISTRAR'S SIGNATURE <u>Randall Murray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cuba Anderson</u>		ADDRESS <u>Butler Mo</u>	

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

4476
10091

OCT 21 1952

AUG 16 1957
APR 7 1958

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 Robert E. Steinbeck

Licensed Embalmer No. 4657

P. O. Address Butler, 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.