

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33705

State File No. 2311

S. No. 300
Ev. 10.48

SEP 16 1952

BIRTH NO. _____ REG. DIST. NO. 917 PRIMARY REG. DIST. NO. 547 Registrar's No. 2311

1005
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Iowa b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. LENGTH OF STAY (In this place) 18 days	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carroll		8140	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If rural, give location) 926 N. Adams	
3. NAME OF DECEASED a. (First) Marian b. (Middle) Edith c. (Last) Culbertson			4. DATE OF DEATH (Month) (Day) (Year) Sept. 4, 1952
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 6, 1883
9. AGE (In years last birthday) 68		10. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and State or Foreign Country) Carroll, Iowa
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME David H. Park		13b. MOTHER'S MAIDEN NAME Edith Vette	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. nil	
17. INFORMANT'S SIGNATURE OR NAME Fred H. Culbertson		ADDRESS Carroll, Iowa	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia embolia			INTERVAL BETWEEN ONSET AND DEATH 2 men.
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis			years
DUE TO (c) Age			4500
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 13, 1952 , until Death 1952 , that I last saw the deceased alive on Aug 7, 1952 , and that death occurred at 2:10 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Herbert R. Danbolt M.D.		23b. ADDRESS 6376 Clayton Rd	
23c. DATE SIGNED 9-5-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-5-52	
24c. NAME OF CEMETERY OR CREMATORY Carroll		24d. LOCATION (City, town, or county) (State) Carroll, Iowa	
DATE REC'D BY LOCAL REG. 9-5-52		REGISTRAR'S SIGNATURE Herbert R. Danbolt M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington	

(Licensed Embalmer's Statement on Reverse Side)

APR 18 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 M. Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis, 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.