

FILED FEB 14 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **45192**

BIRTH NO. _____		REG. DIST. NO. <u>536</u>		PRIMARY REG. DIST. NO. <u>6131</u>		Registrar's No. <u>229</u>	
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 OR TOWN <u>Mountain View, Mo</u>		c. LENGTH OF STAY (in this place) <u>75 yrs</u>		c. CITY OR TOWN <u>Mountain View, Mo</u>		1010	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None Mountain View</u>				d. STREET ADDRESS (If rural, give location) <u>Rural</u>			
3. NAME OF DECEASED (Type or Print) <u>Robert Coleman Culpepper</u>			a. (First) <u>Robert</u> b. (Middle) <u>Coleman</u> c. (Last) <u>Culpepper</u>			4. DATE OF DEATH <u>Nov 26 1952</u> (Month) (Day) (Year)	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 21</u>	
9. AGE (in years last birthday) <u>82</u>		IF UNDER 1 YEAR <u> </u> Months		IF UNDER 1 YEAR <u> </u> Days		IF UNDER 1 YEAR <u> </u> Hours	
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 <u> </u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Henry County Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joseph Culpepper</u>			13b. MOTHER'S MAIDEN NAME <u>Mahala Reeves</u>			14. NAME OF HUSBAND OR WIFE <u>Emma Culpepper</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>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jessie Hart</u> ADDRESS <u>Mountain View, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4222</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
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) _____		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>Dec 1, 1952</u> , to <u>Nov 26, 1952</u> , that I last saw the deceased alive on <u>April 10, 1952</u> , and that death occurred at <u>640 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R.S. Davis</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Birch Tree Mo</u>		23c. DATE SIGNED <u>2/10-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 30 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Teresita Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-11-53</u>		REGISTRAR'S SIGNATURE <u>Mahal Reeves</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Duncan Funeral Home</u> ADDRESS <u>Mtn View, Mo</u>			

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

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

John F. Leman

Licensed Embalmer No. *2516*

P. O. Address *Mt. 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.