

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36817

State File No. _____

FILED NOV 3 - 1953

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 6968 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>KANSAS</u> b. COUNTY <u>BOURBON</u>	
b. CITY OR TOWN <u>Parkville - (May)</u>		c. CITY OR TOWN <u>FORT SCOTT</u>	
c. LENGTH OF STAY (in this place) <u>0</u>		d. STREET ADDRESS <u>418 S. BROADWAY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barry Star</u>		(If rural, give location) <u>8/150</u> <u>8</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>DAISY</u>	b. (Middle) <u>BLANCHE</u>	c. (Last) <u>CULLOR</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>OCT. 25, 1953</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>married</u>	8. DATE OF BIRTH <u>Nov. 20, 1899</u>	9. AGE (In years last birthday) <u>53</u>	10. MONTHS <u></u>	11. TEAR DATES <u></u>	12. IF UNDER 24 HRS. Hour <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (This kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Weatherford Okla.</u>	12. CITIZEN OF WHAT COUNTRY? <u></u>
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13a. FATHER'S NAME <u>Wm. T. Bradley</u>	13b. MOTHER'S MAIDEN NAME <u>Alice Strasser</u>	14. NAME OF HUSBAND OR WIFE <u>Charles B. Cullor</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give no. or date of service) <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James Cullor</u>	ADDRESS <u>615 Scott Ave 77 Scott</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CRUSHED CHEST-COMPOUND FRACTURES OF BOTH LEGS</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>AIRPLANE CRASH</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>FIELD</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>MAY TWP. (BARRY) PLATTE MO.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>OCT. 25, 1953 10:20 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Roland M. Giffey, Coroner</u>	23b. ADDRESS <u>Platte City, Mo.</u>	23c. DATE SIGNED <u>10-26-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>	24b. DATE <u>Oct. 26-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cullor Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Unionville MO</u>
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DATE REC'D BY LOCAL REG. <u>Oct. 26-53</u>	REGISTRAR'S SIGNATURE <u>Phyllis Roelins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Comstock Funeral Home</u>	ADDRESS <u>Unionville MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

JUN 25 1954

NOV 19 1953

JUL 15 1954

This body was broken up bad. I got a very good circulation bet. waist. I would like it. used to wear

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 Partly

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Leland G. Francis

Licensed Embalmer No.

3451

P. O. Address

Parkville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.