

FILED MAR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5983

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Iowa		b. COUNTY Carroll	
b. CITY OR TOWN St. Charles		c. CITY OR TOWN Carroll		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 1-Week		e. STREET ADDRESS (If rural, give location) 926 North Adams Street 8148			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital					

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Frederick	b. (Middle) Hayes	c. (Last) Culbertson	(Month) March	(Day) 6	(Year) 1956

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 16, 1879	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 9	IF UNDER 12 HRS. Days 19	IF UNDER 24 HRS. Hours 	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grain Dealer	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) Carroll, Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Robert Y. Culbertson	13b. MOTHER'S MAIDEN NAME Henrietta Bell	14. NAME OF HUSBAND OR WIFE Marian Park Culbertson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME Mrs. Robert Beste	ADDRESS St. Charles, Mo.
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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) Hypertension - Arteriosclerosis		2 yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prostatic hyperplasia		1 yr.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 3-5-56	19b. MAJOR FINDINGS OF OPERATION Benign prostatic hyperplasia	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **2-27-** 19**56** to **3-6** 19**56**, that I last saw the deceased alive on **3-6** 19**56**, and that death occurred at **6:30A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edw. M. M. D.	23b. ADDRESS 206 Washington St.	23c. DATE SIGNED 3-6-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Mar. 6, 1956	24c. NAME OF CEMETERY OR CREMATORY Carroll Cemetery	24d. LOCATION (City, town, or county) (State) Carroll Iowa
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DATE REC'D BY LOCAL REG. March 6 1956	REGISTRAR'S SIGNATURE Lamir H. H. H.	25. FUNERAL DIRECTOR'S SIGNATURE Lamir H. H. H.	ADDRESS Funeral Home, Carroll, Iowa
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 20 1956

APR 18 1956

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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 48
P. O. Address St. Charles

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.