

FILED NOV 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33507**
Registrar's No. **56-71**

BIRTH NO. _____ REG. DIST. NO. **93** PRIMARY REG. DIST. NO. **5342**

4

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

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dade	
b. CITY OR TOWN Rural Washington Twp.		c. CITY OR TOWN So. Greenfield	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 6 mos.		STREET ADDRESS (If rural, give location) Mitchell Nursing Home	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mitchell Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) Annie b. (Middle) Catherine c. (Last) Culver			4. DATE OF DEATH (Month) (Day) (Year) Nov. 8, 1956		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Jan. 3, 1881		9. AGE (In years last birthday) 75		10. IF UNDER 1 YEAR Months Days	
11. BIRTHPLACE (City and State or Foreign Country) Dade County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Dade County, Mo.	

13a. FATHER'S NAME Ed Ayers		13b. MOTHER'S MAIDEN NAME Amanda Mahalia White		14. NAME OF HUSBAND OR WIFE Melvin Jesse Culver	
------------------------------------	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Clarence Coulter, Greenfield, Mo.	
---	--	-------------------------------------	--	---	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Cerebral apoplexy		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 1 week	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
DUE TO (b)		DUE TO (c)	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334x		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 **5-10-1955**, to **11-8-1956**, that I last saw the deceased alive on **10-11-1956**, and that death occurred at **8:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Max Heilmann M.D.		23b. ADDRESS Lockwood, Mo.		23c. DATE SIGNED 11-10-56	
---	--	-----------------------------------	--	----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-10-56		24c. NAME OF CEMETERY OR CREMATORY Rice Cemetery	
				24d. LOCATION (City, town, or county) (State) Dade County, Mo.	

DATE REC'D BY LOCAL REG. 11-10-56		REGISTRAR'S SIGNATURE J. C. Canada		FUNERAL DIRECTOR'S SIGNATURE J. C. Canada, Greenfield, Mo.	
--	--	---	--	---	--

1961 9 2 101

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 *J. C. Canada*
Licensed Embalmer No. *496*
P. O. Address *Greenfield,*

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.