

STANDARD CERTIFICATE OF DEATH

42046

STATE FILE NUMBER

FILED JAN 4 1957

Registration District No. 383

Primary Registration District No. 5655

Registrar's No. 86

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Lawrence	b. CITY (If outside corporate limits, give TOWNSHIP only) Mt. Vernon	a. STATE Missouri	b. COUNTY Mississippi
c. FULL NAME OF (If NOT in hospital, give location) Mo. State Sanatorium		d. STREET ADDRESS 207 Vine St.	
Length of stay in lb 283 days		e. CITY OR TOWN Charleston	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		f. INSIDE LIMITS Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
g. RESIDE ON FARM Yes <input type="checkbox"/> No <input type="checkbox"/>		h. (If outside, give location)	

3. NAME OF DECEASED (Type or print)	First Tilman James	Middle Hillard	Last Cullom	4. DATE OF DEATH	Month Dec.	Day 26	Year 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 23, 1907	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver	10b. KIND OF BUSINESS OR INDUSTRY Trucking	11. BIRTHPLACE (City and state or country) Montgomery County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13. FATHER'S NAME James Lock Cullom	14. MOTHER'S MAIDEN NAME Anna Belle Coleman
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT San. records. Mo. State San. Mt. Vernon, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary tuberculosis Far Advanced		about 7 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m.	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from March 18, 1956, to Dec. 26, 1956 and last saw her alive on 12-26-56
Death occurred at 9:45 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. Hellweg M. D.	22b. ADDRESS Mt. Vernon, Mo.	22c. DATE SIGNED 12-26-56
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-26-56	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) Charleston, Mo.
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24. FUNERAL DIRECTOR Max L. Fossett ADDRESS Mt. Vernon, Mo.	25. DATE RECD. BY LOCAL REG. 12-26-56	26. REGISTRAR'S SIGNATURE Ceil Hendricks
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard form and must not certify to a death due to natural causes. Caroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

1951 FEB 28

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.. *Max L Fossett*

Licensed Embalmer No. *42*

P. O. Address *Mt Vernon*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.