

FILED DEC 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44420

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>3072</u>		Registrar's No. <u>192</u>				
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Saline</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>		c. LENGTH OF STAY (in this place) <u>5 week</u>		c. CITY OR TOWN <u>Arrow Rock TWP</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>10</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Fitzgibbon Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>1 Mi. S. of Hardeman</u>				0910		
3. NAME OF DECEASED (Type or Print) <u>ELIZABETH</u>			a. (First)			b. (Middle)				
c. (Last) <u>CULBERTSON</u>			4. DATE OF DEATH		(Month) <u>Dec.</u>		(Day) <u>8,</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Apr. 23, 1865</u>		9. AGE (In years last birthday) <u>91</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Saline Co, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		0		
13a. FATHER'S NAME <u>John Hood</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Jane Howard</u>			14. NAME OF HUSBAND OR WIFE _____				
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs G.B. Thomas</u>				ADDRESS <u>Napton, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral embolus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>332.X</u>						INTERVAL BETWEEN ONSET AND DEATH		
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) (Min.)		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>11/5</u> , 19 <u>56</u> , to <u>12/8</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Dec. 8, 1956</u> , and that death occurred at <u>12:30 P.M.</u> , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <u>John R. Kurwe, M.D.</u>				23b. ADDRESS <u>Marshall, Mo.</u>				23c. DATE SIGNED <u>12-10-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-11-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Nelson Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Nelson Mo.</u>				
DATE REC'D BY LOCAL REG. <u>12-11-56</u>		REGISTRAR'S SIGNATURE <u>Cecil G. Read</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Fanny Herschberger</u>		ADDRESS <u>Marshall, Mo.</u>			

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

529-0

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 *Joseph R. Mackler*.....

Licensed Embalmer No...457...

P. O. Address...Marshall

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.