

FILED SEP 3 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27925

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 103 PRIMARY REG. DIST. NO. 5417 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hornersville</b>		c. LENGTH OF STAY (in this place) <b>75 yrs.</b>		c. CITY OR TOWN <b>Hornersville</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Hornersville School</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
e. STREET ADDRESS <b>Near Hornersville School</b>		(If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>TRUMAN</b>	b. (Middle) <b>TIMOTHY</b>	c. (Last) <b>CULLENS</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>8/4/1957</b>		5. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>8/22/1881</b>		9. AGE (In years) (Month) (Day) (Hour) (Min.) <b>75 11 18</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Henry David Cullens</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Lomax</b>	
14. NAME OF HUSBAND OR WIFE <b>Mrs. Elizabeth Cullens</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>		16. SOCIAL SECURITY NO. <b>490-180170</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. J. L. Horner, Arbyrd, Mo.</b>		ADDRESS			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 Mon</b>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>arteriosclerotic cardio vascular disease</b>		DUE TO (b) <b>20 years</b>			
DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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 <b>12/15, 1954</b> to <b>8/4, 1957</b> , that I last saw the deceased alive on <b>8/5, 1957</b> , and that death occurred at <b>5 A</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>R. J. Polenske M.D.</b>		(Degree or title)		23b. ADDRESS <b>Hornersville, Mo.</b>	
23c. DATE SIGNED <b>8/23/57</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8/6/1957</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Hornersville Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Hornersville, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>8-23-57</b>		REGISTRAR'S SIGNATURE <b>Sue Palenske</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>William T. Heatt</b>	
		ADDRESS <b>Paragon, Ark.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY H

DEPARTMENT 8-27

COUNTY FILE NUMBER 857

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 *Terlym L. Heath* .....

Licensed Embalmer No. .... 543 .....

P. O. Address Paragon, Id, Ark

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.