t. Health,
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41544
STATE FILE NUMBER

FILED NOV 26 1957 Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 273

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Wabash Employes' Hospital — Length of stay in 1b Less than 24 hours

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Randolph
c. CITY OR TOWN Moberly — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 728 N. Morley — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First PERRY Middle ADEN Last CULVER

4. DATE OF DEATH Month Day Year Nov. 10, 1957

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH July 1, 1897
9. AGE (In years last birthday) 60 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) B.&B. Carpenter, Retired
10b. KIND OF BUSINESS OR INDUSTRY Wabash RR Co.
11. BIRTHPLACE (City and state or country) Maryville, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME WM. HOLDEN CULVER
14. MOTHER'S MAIDEN NAME Rebecca Riley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W. W. I
16. SOCIAL SECURITY NO. 702-05-7089
17. INFORMANT Address Mrs. P. A. Culver

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute coronary infarction — INTERVAL BETWEEN ONSET AND DEATH Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) Arteriosclerotic Heart Disease — Years(?)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4200
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased ~~XXX~~ Nov. 10, 1957, ~~6:15 A.M., to 2:35 P. M.,~~ ~~XX~~ and last saw ~~XXX~~ him alive on 11/10/57
Death occurred at 2:35 P. M., m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L. K. McMurtry M.D. L. K. McMURTRY, M.D., Surgeon in Charge
22b. ADDRESS Wabash Employes' Hospital Moberly, Missouri
22c. DATE SIGNED 11/11/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11/12/57
23c. NAME OF CEMETERY OR CREMATORY Sunset Mem. Gardens
23d. LOCATION (City, town, or county) Moberly (State) Mo.

24. FUNERAL DIRECTOR ADDRESS Mahan Fun. Ser. Moberly
25. DATE RECD. BY LOCAL REG. 11-12-57
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Retd for Information & Soc. Security No. [illegible]

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NOV 27 1957

MAR 13 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John A Green

Licensed Embalmer No. 38

P. O. Address Norfolk

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

(Licensed Embalmer's Statement on Reverse Side)