

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

101013-57

47709

FILED MAR 10 1958

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mexico</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Cuivre Township</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Audrain Hospital</u> Length of stay in lb		d. STREET ADDRESS <u>10 mi S Vandalia</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Susan</u> Middle <u>Bell</u> Last <u>Culwell</u>			4. DATE OF DEATH Month <u>Oct</u> Day <u>1</u> Year <u>1957</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 1, 1957</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hrs <u>0</u> Min. <u>0</u> IF UNDER 24 HRS.
11. BIRTHPLACE (City and state or country) <u>Mexico, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Garnett Culwell</u>		14. MOTHER'S MAIDEN NAME <u>Amanda Lee Mitchell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>Amanda Lee Culwell</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congenital Deafity</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Prematurity</u> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH <u>027.1-57 09.10</u> <u>5 months</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>		7735	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>X</u>	
20c. TIME OF INJURY Hour <u>12</u> Month <u>10</u> Day <u>2</u> Year <u>1957</u> a. m. <u>00</u> p. m. <u>00</u>		20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>X</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>X</u>	
21. I attended the deceased from <u>Oct 1-57</u> to <u>Oct 2-57</u> and last saw <u>her</u> alive on <u>Oct 2-57</u> Death occurred at <u>Oct 2-57 12:00</u> am on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Harry F. O'Brien, M.D.</u>		22b. ADDRESS <u>111 E. Main - Vandalia, Mo.</u>	22c. DATE SIGNED <u>10-2-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct 2, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Central Union Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Audrain County, Mo.</u>
FUNERAL DIRECTOR <u>William B Waters</u> ADDRESS <u>Vandalia, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Mar 7-1958</u>	26. REGISTRAR'S SIGNATURE <u>Blanche Neely</u>

---

---

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 *William D. Waters*.....

Licensed Embalmer No. *4169*

P. O. Address *Vandalia*

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.