

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 29 1958

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 151

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Cape Girardeau</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Southeast Mo. Hospital</u>		Length of stay in lb <u>2 days</u>	d. STREET ADDRESS (If outside, give location) <u>639 Terry Lane</u>
3. NAME OF DECEASED (Type or print) First <u>HARRY</u> Middle <u>RICHARD</u> Last <u>CULP</u>			4. DATE OF DEATH Month <u>January</u> Day <u>18</u> Year <u>1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 16, 1888</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Abstractor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Abstractor</u>	9. AGE (In years last birthday) <u>69</u> IF UNDER 1 YEAR Months <u>6</u> Days <u>2</u> IF UNDER 24 HRS. Hours <u>  </u> Min. <u>  </u>
11. BIRTHPLACE (City and state or country) <u>Alton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Caleb Culp</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Wilson</u>	
14. NAME OF HUSBAND OR WIFE <u>Lyle Culp</u>		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>491-18-4878</u>		17. INFORMANT <u>Mrs. Lyle Culp</u> Address <u>Cape Girardeau, Mo.</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>Carcinomatosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Carcinoma of Pancreas (diagnosed at surgery in Nov., 1957)</u> DUE TO (c) <u>  </u>			INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> <u>unknown</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>157X</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <u>  </u> Month <u>  </u> Day <u>  </u> Year <u>  </u> a.m. <u>  </u> p.m. <u>  </u>		20d. INJURY OCCURRED WHILE AT <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	
21. I attended the deceased from <u>Nov. 6, 1957</u> to <u>Jan. 18, 1958</u> and last saw him alive on <u>Jan. 18, 1958</u> Death occurred at <u>5:30 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Israel M. Horwath, M.D.</u> (Degree or title)		22b. ADDRESS <u>24 N. Sprigg Cape Gir., Mo</u>	
22c. DATE SIGNED <u>Jan 20, 1958</u> (State)		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>Jan. 20, 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Smith Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Alton, Missouri</u>		24. FUNERAL DIRECTOR <u>Waltther's Funeral Home</u> ADDRESS <u>Cape Gir. Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>Jan 24, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Homer E. Cooper</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 18 1958

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 Lee Thomas*

Licensed Embalmer No. *4410*

P. O. Address *Cape Girardeau*

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.