

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024484

STATE FILE NUMBER

FILED JUL 23 1958 Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 156

|  |                                  |   |  |
|--|----------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Audrain</b>  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>                    |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mexico</b><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |                                  | c. CITY OR TOWN <b>Cuivre Township</b><br>Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                   |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Audrain Hospital</b><br>Length of stay in 1b <b>3 days</b>  |                                  | d. STREET ADDRESS <b>10 mi SE Vandalia</b><br>Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                              |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Joseph</b> Middle <b>Herman</b> Last <b>Culwell</b>  |                                  |   | 4. DATE OF DEATH<br>Month <b>July</b> Day <b>12</b> Year <b>1958</b>                                       |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Oct 7, 1870</b>   |
| 9. AGE (In years last birthday) <b>87</b><br>IF UNDER 1 YEAR: Months <b>9</b> Days <b>5</b> Hours <b></b> Min. <b></b>   |                                  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>farmer</b>   |  |
| 100. KIND OF BUSINESS OR INDUSTRY<br><b>Stock &amp; Grain</b>  |                                  | 11. BIRTHPLACE (City and state or country)<br><b>Audrain County, Missouri</b>   |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |                                  | 13. FATHER'S NAME<br><b>Joseph Culwell</b>  |  |
| 14. MOTHER'S MAIDEN NAME<br><b>Susan Chamberlain</b>   |                                  | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |  |
| 16. SOCIAL SECURITY NO.<br><b>488-42-9055</b>  |                                  | 17. INFORMANT<br><b>Garnett Culwell, Vandalia, Missouri</b>   |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral Embolism</b>  |                                  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>7-10-58</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Peripheral vascular Disease - with dry gangrene - both lower extremities</b><br>DUE TO (c) <b>4533</b>                                       |                                  |   | <b>6-15-58</b>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)<br><b>Generalized Arteriosclerosis - extremities cerebral</b>  |                                  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                                  | 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)<br><b>X</b>  |  |
| 20c. TIME OF INJURY<br>Hour, Month, Day, Year<br><b>7-12-58</b>  |                                  | 20f. CITY, TOWN, OR LOCATION<br><b>Vandalia, Missouri</b>   |  |
| 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.)<br><b>X</b>   |  |
| 21. I attended the deceased from <b>6-27-57</b> to <b>7-12-58</b> and last saw <sup>her</sup> him alive on <b>7-12-58</b><br>Death occurred at <b>7-12-58 12:30</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |  |
| 22a. SIGNATURE (Degree or title)<br><b>Harry F O'Brien M.D.</b>  |                                  | 22b. ADDRESS<br><b>Merue, Missouri</b>  |  |
| 22c. DATE SIGNED<br><b>7-14-58</b>   |                                  | 23a. BURIAL, CREMATION, REMOVAL (Specify)   |  |
| <b>Burial</b>  |                                  | 23b. DATE<br><b>July 14, 1958</b>   |  |
| 23c. NAME OF CEMETERY OR CREMATORY<br><b>Vandalia Cemetery</b>   |                                  | 23d. LOCATION (City, town, or county) (State)<br><b>Vandalia, Missouri</b>  |  |
| 24. FUNERAL DIRECTOR<br><b>William B. Waters</b><br>ADDRESS<br><b>Vandalia, Mo.</b>  |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>July 14-1958</b>   |  |
| 26. REGISTRAR'S SIGNATURE<br><b>Blanche Neely</b>  |                                  |   |  |

Health, & Welfare  
Public Service  
0043  
300  
1-56  
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 B. Waters*

Licensed Embalmer No. *41*

P. O. Address *Vandalia*

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