

t. Health,
, & Welfare
S. Public
th Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020235

STATE FILE NUMBER

FILED MAY 25 1959

Registration District No. 373

Primary Registration District No. 6269

Registrar's No. 726

S. 300
v. 1-57
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|---|-------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY WEBSTER | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY WEBSTER | |
| b. CITY OR TOWN MARSHFIELD <small>(If outside corporate limits, give only TOWNSHIP.)</small> | | c. CITY OR TOWN MARSHFIELD <small>Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></small> | |
| 4 c. FULL NAME OF (If NOT in hospital, give location). HOSPITAL OR INSTITUTION WEBSTER CO. RES HOME 41 DAYS | | d. STREET ADDRESS R.F.H. <small>(If outside, give location)</small> | |
| 3. NAME OF DECEASED (Type or print) First GEORGE Middle L Last CULVER | | 4. DATE OF DEATH Month MAY Day 12 Year 1959 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH JUNE 9 1877 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PET BLACKS MITH | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) MICHIGAN |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A | | 13. FATHER'S NAME JIM CULVER | |
| 13b. MOTHER'S MAIDEN NAME ELIZABETH CHURCH | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address STELLA NIMMO SPRINGFIELD MO |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pyemia DUE TO (b) Pyelitis, Acute DUE TO (c) Pyelitis, Chronic since 1955 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus - Tuberculosis, Severe 6000 | | | INTERVAL BETWEEN ONSET AND DEATH 12 days Over Month 1955 |
| 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 Month, Day, Year a.m. p.m. | | 20d. INJURY OCCURRED WHILE AT WORK <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 May 1, 1959 to May 12, 1959 and last saw him alive on May 1, 1959 Death occurred at 5:30 A on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) C.P. Macdonald, M.D. | | 22b. ADDRESS Marshfield, Mo. | |
| 22c. DATE SIGNED 5/12/59 | | 23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) BURIAL | |
| 23b. DATE 5-14-1959 | | 23c. NAME OF CEMETERY OR CREMATORY ST. LUKE | |
| 23d. LOCATION (City, town, or county) WEBSTER CO | | 23e. STATE MO | |
| 24. FUNERAL DIRECTOR ADDRESS BARBER-EDWARDS MARSHFIELD | | 25. DATE RECD. BY LOCAL REG. MAY 19 1959 | |
| 26. REGISTRAR'S SIGNATURE [Signature] | | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

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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 *W. J. Boyle*

Licensed Embalmer No. *384*
P. O. Address *W. J. Boyle*

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.