

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040886

FILED VS DEC 14 1959

385

Primary Registration District No. 3039

Registrar's No. 82

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY LINN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KAN. b. COUNTY Pottawatomie			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MARCELINE		Length of stay in 1b 6 Mo.		c. CITY OR TOWN WHEATON		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. FRANCIS Hosp				d. STREET ADDRESS RFD		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last GARRETT FRANCIS CULHAN			4. DATE OF DEATH Month Day Year DEC 2 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 8 1878	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months Days Hours Min. 5 24		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (City and state or country) LARKIN Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME GARRETT F. CULHAN		13b. MOTHER'S MAIDEN NAME MARY MCOY		14. NAME OF HUSBAND OR WIFE Francis CULHAN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address MRS. BEANADETTE STAPELTON MARCELINE 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) Pneumonia						INTERVAL BETWEEN ONSET AND DEATH 10 Days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio-sclerotic cardiovascular disease						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>	
DUE TO (c) 2. Sepsis							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Extreme health - severe hypoxia due to osteoprosis						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 a.m., p.m. Month, Day, Year							
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 Nov 22, 1959 to Dec 2, 1959 and last saw him alive on Dec 2, 1959 Death occurred at 3:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE George Jay (Degree or title)				22b. ADDRESS Marceline Missouri		22c. DATE SIGNED 12-3-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 12-4-59	23c. NAME OF CEMETERY OR CREMATORY CATHOLIC CEM.		23d. LOCATION (City, town, or county) BLAINE KAN.		(State)
24. FUNERAL DIRECTOR MILLER-Tillotson		ADDRESS MARCELINE Mo.		25. DATE RECD. BY LOCAL REG. 12-3-1959		26. REGISTRAR'S SIGNATURE Barbara Owen	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Lilburn K. Tillatson

Licensed Embalmer No. 4508

P. O. Address Marshall
Mo.

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.