

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
 FILED VS NOV 23 1960

-60-043055  
 STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 223

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
a. COUNTY <b>Phelps</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rolla</b>		Length of stay in 1b <b>1 month</b>		c. CITY OR TOWN <b>Rolla</b>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Memorial Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>903 Ridgeview</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Margaret</b> Middle <b>T.</b> Last <b>Cullars</b>				4. DATE OF DEATH Month <b>November</b> Day <b>12</b> Year <b>1960</b>				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>9-20-1912</b>		
				9. AGE (last birthday) <b>48</b>		IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Office worker</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>United States Geological Survey</b>			11. BIRTHPLACE (City and state or country) <b>Alexander City, Ala</b>		
12. CITIZEN OF WHAT COUNTRY <b>USA</b>			13a. FATHER'S NAME <b>J. A. Thomas</b>		13b. MOTHER'S MAIDEN NAME <b>Ida Johnson</b>		14. NAME OF HUSBAND OR WIFE <b>Minard L. Cullars</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>423-09-8633</b>		17. INFORMANT <b>M. L. Cullars,</b> Address <b>903 Ridgeview Rolla, Mo.,</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>Generalized Metastatic Carcinoma</b>							<b>1 yr.</b>	
DUE TO (b) <b>Breast C.A.</b>								
DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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 <b>1958</b> to <b>Nov. 12, 1960</b> and last saw her alive on <b>Nov 12, 1960</b> Death occurred at <b>1:00 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>D. Ambrossen M.D.</b> (Degree or title)				22b. ADDRESS <b>Rolla Mo</b>		22c. DATE SIGNED <b>11/14/60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>11-14-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Auburn Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Auburn, Alabama.</b>		
24. FUNERAL DIRECTOR <b>Null &amp; Son Funeral Homs. Rolla</b> By <b>Paul E. Null</b>				25. DATE RECD. BY LOCAL REG. <b>Nov. 14, 1960</b>		26. REGISTRAR'S SIGNATURE <b>Nadene L. Stoll</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 2 1961

NOV 3 1961

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Paul E. [Signature]

Licensed Embalmer No. 449

P. O. Address Rolla,

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.