

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-024176

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 378 Primary Registration District No. 7054 Registrar's No. TR

FILED JUN 21 1962

VS 300  
Rev. 4/59

10822  
20821

3  
4 1  
5 2  
6  
7 0  
8 2  
9 9  
10 8  
11  
12 1-2  
13 2-0

DATE-AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Pike</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Louisiana</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Pike</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>Pike County Hospital</b>		Length of stay in 1b <b>4 weeks</b>		c. CITY OR TOWN <b>Bowling Green</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS <b>720 West Main</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Annie Francis Culwell</b>				4. DATE OF DEATH <b>June 14, 1962</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>10-14-65</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housekeeping</b>		9. AGE (last birthday) <b>96</b>		IF UNDER 1 YEAR Months Days Hours Min.	
13a. FATHER'S NAME <b>Enos Keith</b>		13b. MOTHER'S MAIDEN NAME <b>Francis Fannie Lea</b>		11. BIRTHPLACE (City and state or country) <b>Pike County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</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>none</b>		17. INFORMANT <b>O.J. Humphrey, Truxton, Missouri</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>Inanition &amp; Debilitation</b>				<b>10 days</b>			
DUE TO (b) <b>Fractured Right Hip</b>				<b>3 wks.</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) <b>Right Lung Pneumonia and Carcinoma of Left Breast</b>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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>5/20/62</b> to <b>6/14/62</b> and last saw her <del>him</del> alive on <b>6/13/62</b>							
Death occurred at <b>1:20 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>John D. Diffe</i>		(Degree or title)		22b. ADDRESS <b>214 W. Church, Bowling Green, Mo.</b>		22c. DATE SIGNED <b>6/14/62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6-15-62</b>		23c. NAME OF CEMETERY OR CREMATORY <b>New Hartford</b>		23d. LOCATION (City, town, or county) (State) <b>New Hartford, Pike, Mo.</b>	
24. FUNERAL DIRECTOR <b>Harold Kirks, Bowling Green, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>June-14-1962</b>		26. REGISTRAR'S SIGNATURE <i>Service Collier</i>	

**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 Harold Kirk

Licensed Embalmer No. 4597

P. O. Address Bowling Green, 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.