

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036072
4998 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4998

FILED SEP 27 1963

VS 300
Rev. 4/59

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DATE AMENDED

9-18-63

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

Kansas City, Wyandotte, Kans. Kansas City, Jackson, Mo.

DOCUMENT

ITEM NO. SHOULD READ

20f

BY AFFIDAVIT OF COFOREBY

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Wyandotte			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in lb 1 Day		c. CITY OR TOWN Rural	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Med Center		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 8309 Barnett	
3. NAME OF DECEASED (Type or print)		First Judith Middle Carroll Last Culbertson		4. DATE OF DEATH Month September Day 11 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-24-1940	9. AGE (last birthday) 23 yrs.	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Kansas City, Kansas	
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME E. J. McIntosh		13b. MOTHER'S MAIDEN NAME Rosanna Lawson	
14. NAME OF HUSBAND OR WIFE Donald E. Culbertson		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of)		16. SOCIAL SECURITY NO.	
17. INFORMANT Donald E. Culbertson		Address 8309 Barnett		City Kansas City State Ks	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Overdose barbiturate repeat pills					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Past history suicide			
20c. TIME OF INJURY Hour 9-1153 Month, Day, Year attempt 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, etc.) Res		20f. CITY, TOWN, OR LOCATION Wyandotte, Kans COUNTY, STATE			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 3:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Joseph J. Owens (Degree or title)		22b. ADDRESS 157 Mission Station		22c. DATE SIGNED 9-12-63	
23a. BURIAL, CREATION, REMOVAL (Specify) Removal		23b. DATE 9-13-1963		23c. NAME OF CEMETERY OR CREMATORY Chapel Hill Cemetery	
23d. LOCATION (City, town, or county) Wyandotte County, Kansas		24. FUNERAL DIRECTOR WAGNER FUNERAL HOME * K.C. MO.			
25. DATE RECD. BY LOCAL REG. 9-12-63		26. REGISTRAR'S SIGNATURE Bessie Smith			

USE BLACK INK OR TYPEWRITER RIBBON

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 Alvin R. Z. Hauschild

Licensed Embalmer No. 4159

P. O. Address: Hansen Co. Md

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.