

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0004987

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 336 Primary Registration District No. 4494 Registrar's No. 357

FILED 20 65

VS 300 Rev. 4/59	1 1010	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	DOCUMENT
2 1010	2			
3				
4	0			
5	1			
6				
7	0			
8	0			
9	221			
10				
11				
12	702			
13	1-0			
ITEM NO.	SHOULD READ	INSTEAD OF	BY AFFIDAVIT OF	

1. PLACE OF DEATH a. COUNTY <u>SHANNON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>SHANNON</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>WINONA</u>		Length of stay in 1b	c. CITY OR TOWN <u>WINONA</u>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At Home</u>		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) First Middle Last <u>Olen William Culpepper</u>			4. DATE OF DEATH Month Day Year <u>JAN. 18, 1965</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-2-1890</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lumber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	9. AGE (last birthday) <u>74</u>
11a. BIRTHPLACE (City and state or country) <u>Terresita, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Joseph Culpepper</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH BAADLY</u>	
15. U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service) <u>NO</u>		17. INFORMANT <u>Fay Culpepper; Winona, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic myocarditis</u>  DUE TO (b) <u>Arteriosclerosis</u>  DUE TO (c) <u>Emphysema</u>  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 <u>Jan. 15</u> to <u>65</u> and last saw her <u>alive</u> on <u>Jan. 15, 1965</u> Death occurred at <u>1:30 A.M. Jan. 18, 1965</u> the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>L. D. Benson D.O.</u> (Degree or title)		22b. ADDRESS <u>Birch Tree, Mo.</u>	
22c. DATE SIGNED <u>1-18-65</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-20-1965</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Eminence; Ceme Eminence</u>	
23d. LOCATION (City, town, or county) <u>Mo.</u> (State)			
24. FUNERAL DIRECTOR <u>Clary Funeral Home, Winona, Mo.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>1-19-65</u>	26. REGISTRAR'S SIGNATURE <u>Mabel Rollins per Ann DeWitt</u>

USE BLACK INK OR TYPEWRITER RIBBON

*Permit 01111111*

JAN 22 1965

FEB 1 1965

MAR 24 1965

**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 *Amest Co Clary*

Licensed Embalmer No. 5118

P. O. Address Winona, 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.