

FILED DEC 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39691**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2654**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) LEMAY		c. CITY OR TOWN Rural-Lemay	
c. LENGTH OF STAY (In this place) 3 YEARS		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Box 99		e. STREET ADDRESS (If rural, give location) BOX 99	

3. NAME OF DECEASED (Type or Print) a. (First) Missouri b. (Middle) ANN c. (Last) Cullington			4. DATE OF DEATH (Month) (Day) (Year) Oct 26-1954		
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan-1-1866	9. AGE (In years last birthday) 88	10 UNDER 1 YEAR	10 UNDER 1 MIN.
					Months 9	Hours 25

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and State or Foreign Country) Rolla, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Evans	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE John Cullington
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ruth C. Bullard	ADDRESS Lemay, Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cardiac decompensation,		INTERVAL BETWEEN ONSET AND DEATH 1 yr.
	ANTECEDENT CAUSES arteriosclerosis.		
	MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Sept. 10, 1954** to **Oct. 27, 1954** that I last saw the deceased alive on **Oct. 20, 1954**, and that death occurred at **10:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE John G. Kellest M.D. (Degree or title)	23b. ADDRESS 2627 Telegraph Rd.	23c. DATE SIGNED Oct. 27 54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Oct 28 54	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Home	24d. LOCATION (City, town, or county) (State) Flat River Mo
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DATE REC'D BY LOCAL REG. 10/29/54	REGISTRAR'S SIGNATURE Hecheat H. Ambert	25. FUNERAL DIRECTOR'S SIGNATURE Hecheat H. Ambert	ADDRESS Park - Flat River, Mo
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RECEIVED
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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 *Murphy Sparks*
Licensed Embalmer No. *425*
P. O. Address *Had River*

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.