

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

1959

**1. PLACE OF DEATH**

County Candeur  
Township Anglaise  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 275  
Primary Registration District No. 111

File No. \_\_\_\_\_  
Registered No. 8  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Curtis Lyle Ourebourn

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 23 1825</u>		
7. AGE YEARS <u>4</u>	MONTHS <u>2</u>	DAYS <u>24</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Little River Kans</u>		
MOTHER FATHER	13. NAME <u>Cecil Lyle Ourebourn</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Candeur Mo</u>	
	15. MAIDEN NAME <u>Althea Marie Bonister</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chace Mo</u>	
17. INFORMANT <u>Cecil Lyle Ourebourn</u> (ADDRESS) <u>Standard Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Camp Wood</u> DATE <u>2-18</u> 19 <u>59</u>		
19. UNDERTAKER <u>J. O. Fraw</u> (ADDRESS) <u>Standard Mo</u>		
20. FILED <u>2 15</u> 19 <u>59</u> <u>H. O. Root</u> Registrar.		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-17 1959

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_  
I last saw him alive on Feb 17 1959. Death is said to have occurred on the date stated above, at 1:58 P. m.  
The principal cause of death and related causes of importance were as follows:  
Glaucoma & Double Bronchial Pneumonia  
HA  
HA  
Other contributory causes of importance:  
Hollcular Transalar

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Biopsy Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) W. O. Root, M. D.  
(Address) Standard Mo

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

APR 27 1959  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

