DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43530

FILED JAN 25 1941

Registration District No. 689 Primary Registration District No. 3033 Registrar's No.

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Louisiana (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Pike County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)

In this community 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

(c) City or town Louisiana (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Stephen Gurten Curless

3. (b) If veteran, name war

3. (c) Social Security No. 495-18-0884

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ida Curless

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased March (Month) 15 (Day) (?) (Year)

8. AGE: Years about 78 Months 8 Days If less than one day hr. min.

9. Birthplace Pike County (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Retired 1

11. Industry or business 1

FATHER
12. Name John Curless 1
13. Birthplace Westborough (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Elizabeth Gurten
15. Birthplace Westborough (City, town, or county) Ohio (State or foreign country)

16. (a) Informant's own signature Pike County Hospital

(b) Address Louisiana, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/10/40 (Month) (Day) (Year)

(c) Place: burial or cremation Louisiana Mo

18. (a) Signature of funeral director T. C. Haley Jr

(b) Address Louisiana Mo

19. (a) ~~Burial~~ 12/8/40 (Date received local registrar) (b) T. C. Haley Jr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8, 1940 year 1940 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from 11-11-40 19 , to Dec. 8, 1940 that I last saw him alive on 12/8/40, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia (Terminal) Rt. Lung.	2 days
Due to Contributory -	
Due to Cerebral Hemorrhage. Left sided Hemoplegia.	11/11/40
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. L. Andrae M.D. (M. D. ~~or other~~)

Address Louisiana, Mo. Date signed 12/8/40.

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 5-17-39 1 X19511

RECEIVED
District Health Officer No. 10
District File Number 1-41-16
Date Filed JAN 7 1941

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 George Wagner, Registered Apprentice No. ....., working under my personal supervision.

Signed George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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 this body is not embalmed, above space should be left blank.