FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 17 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25579

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 260

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 1 day.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid 92
(c) City or town Portageville 60
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME John Dale Cureton
3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife X
6. (c) Age of husband or wife if alive X years
7. Birth date of deceased July 21, 1948 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	18	0	15	hr. min.

9. Birthplace Portageville, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation student
11. Industry or business
FATHER
12. Name John Harrison Cureton
13. Birthplace Charleston, Mo. 0
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ruby Simers
15. Birthplace Portageville, Mo. 0
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Ruby Simers Cureton
(b) Address Portageville, Mo.
17. (a) Burial (b) Date thereof 8-10-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Portageville, Mo.
18. (a) Signature of funeral director DeLisle Funeral Parlor
(b) Address Portageville, Mo.
19. (a) 8/12/48 (b) R. W. Mueller
(Date received local registrar) (Registrar's signature) 33

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6
year 1948 hour 8 minute 8 M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Internal Hemorrhage Shock
Due to Compound fracture Right Shoulder - arm + Ribs
Due to Automobile collision with Truck on hiway
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 12
(c) Where did injury occur? Butler Co Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public hiway
(Specify type of place)
While at work? no (e) Means of injury Car accident
23. Signature Grover W Green Coroner (M.D. Coroner)
Address Poplar Bluff Mo Date signed 8/12-48

WRITE PLAINLY—USING UNFADING

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 848-1035
Date Filed 8-16-48

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

Signed Joseph A. DeLisle

Licensed Embalmer No. 1448

P. O. Address Wagsville 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, fact should be so stated above.