

FILED FEB 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5649**

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BIRTH NO. _____ REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **3048** Registrar's No. **50**

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Gentry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. LENGTH OF STAY (In this place) 6 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION 221 South Charles St		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Albany	
		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)
Susie Irene Kurtright			2	12	1949

5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH June 11, 1900	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months 8	IF UNDER 1 WEEK Days 1	IF UNDER 1 HOUR Hours 1	IF UNDER 1 MIN. Min. 1
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY x	11. BIRTHPLACE (State or foreign country) Pattonsburg Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME William T. Newman	13b. MOTHER'S MAIDEN NAME Mary Walker	14. NAME OF HUSBAND OR WIFE x
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. x	17. INFORMANT'S SIGNATURE OR NAME Sterling Newman	ADDRESS Pattonsburg 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignancy colon		
	ANTECEDENT CAUSES DUE TO (b) 15 yr DUE TO (c) Menopausal mental syndrome 6 mo.		
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	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) (Min.)	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 **May 1947**, to **Feb 12, 1949**, that I last saw the deceased alive on **Feb 7, 1949**, and that death occurred at **8:50 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE Merrion Lebeck	(Degree or title)	23b. ADDRESS Bethany Mo	23c. DATE SIGNED 2/13/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/14/49	24c. NAME OF CEMETERY OR CREMATORY Old Town	24d. LOCATION (City, town, or county) (State) Pattonsburg, Mo
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DATE REC'D BY LOCAL REG. 2-19-49	REGISTRAR'S SIGNATURE Deso Holt	229	25. FUNERAL DIRECTOR'S SIGNATURE Clay M. Price	ADDRESS Maryville, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed Clem M. Price.....

Signed.....
Student Embalmer

Licensed Embalmer No. 1822

P. O. Address Mayville 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.