

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **18565**

FILED JUL 12 1949

BIRTH NO. _____ REG. DIST. NO. 16 PRIMARY REG. DIST. NO. 5076 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Richland Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Richland Twp.	
c. LENGTH OF STAY (in this place) 3 months		d. STREET ADDRESS (If rural, give location) Route 2, Lamar, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 2, Lamar, Mo.		d. STREET ADDRESS (If rural, give location) Route 2, Lamar, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) Alice c. (Last) Curtis			4. DATE OF DEATH (Month) (Day) (Year) June 29, 1949		
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) widowed	
8. DATE OF BIRTH Mar. 13 1869		9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Pawnee County, Nebraska			12. CITIZEN OF WHAT COUNTRY? U. S. A.		

13a. FATHER'S NAME Jacob Burkhart		13b. MOTHER'S MAIDEN NAME Sarah Kiggins		14. NAME OF HUSBAND OR WIFE James Monroe Curtis	
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 ADDRESS Mrs. Fred Byerly, Lamar, Mo.	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic heart failure		INTERVAL BETWEEN ONSET AND DEATH 5 M	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. old age		DUE TO (b)		12343	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June 1, 1949 to June 19, 1949 and that death occurred at 9 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) DR. Gwendolyn M. D.		23b. ADDRESS LAMAR Mo.		23c. DATE SIGNED 6-29-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-2-1949		24c. NAME OF CEMETERY OR CREMATORY Wolf Creek	
24d. LOCATION (City, town, or county) (State) Pawnee County, Nebraska					

DATE REC'D BY LOCAL REG. July 1, 1949		REGISTRAR'S SIGNATURE Hazel St. Pugh		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chiles Funeral Home, Lamar, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

No. 300
10-48
206
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District File Number 149-798

Date Filed 1-5-49

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
Student Embalmer

Signed Clarence W. Chile

Licensed Embalmer No. 3473

P. O. Address Zenar Moo

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.