

FILED MAY 3 1950 STANDARD CERTIFICATE OF DEATH

13455

State File No.

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 167

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Jasper</u> | | 2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jasper</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u> | |
| c. LENGTH OF STAY (in this place) <u>4 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>511 Moffet</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7th Maiden Lane</u> | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Neil</u> b. (Middle) <u>Ross</u> c. (Last) <u>Curtis</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Approx 3-22-50</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u> | 8. DATE OF BIRTH <u>Oct. 31, 1933</u> |
| 9. AGE (In years last birthday) <u>16</u> | | IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>student</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>school</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Richie, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Wm. Curtis</u> | | 13b. MOTHER'S MAIDEN NAME <u>Nora Ferguson</u> | |
| 14. NAME OF HUSBAND OR WIFE | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nora Curtis</u> | | ADDRESS <u>511 Moffet</u> | |
| 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, asthenia, etc.; it means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental Drowning</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| INTERVAL BETWEEN ONSET AND DEATH <u>69248</u> <u>42</u> | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>122</u> | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>7th & Maiden Lane Joplin</u> | |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Joplin Jasper Mo</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Approx 3-22-50</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? <u>unknown</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>and no record found</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Walter Hunsaker</u> | | (Degree or title) <u>Joplin, Mo. Bur. Rep.</u> | |
| 23b. ADDRESS | | 23c. DATE SIGNED <u>4-22-50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>4-19-50</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Osborne</u> | | 24d. LOCATION (City, town, or county) (State) <u>Joplin Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>4-27-50</u> | | REGISTRAR'S SIGNATURE <u>Ed. D. Jones</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Parker-Hunsaker Mortuary</u> | | ADDRESS <u>Joplin</u> | |

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

0495
89

RECEIVED 4-29-50
Jasper County Health Office

County File Number 50-4-360

Date Filed 5-1-50

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 *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Joplin 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.