

No. 300
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FILED SEP 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29980
State File No. 2000
Registrar's No. 796 B.

BIRTH NO.		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 796 B.	
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Webster			
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Marshfield,		1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hospital				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Francis (Frank) b. (Middle) Marion c. (Last) Curnutt			4. DATE OF DEATH 9-6-50				
5. SEX Male		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1-25-65	
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Indiana /		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Marion Curnutt			13b. MOTHER'S MAIDEN NAME Amanda Ousley		14. NAME OF HUSBAND OR WIFE Lizzie Elmore Curnutt		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME <i>[Signature]</i> ADDRESS		
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) Gastric Hemorrhage massive ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cause undetermined 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 7845
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 24 March, 1950, to 6 Sept, 1950, that I last saw the deceased alive on 6 Sept, 1950, and that death occurred at 7:00 p. m., from the causes and on the date stated above.							
23a. SIGNATURE <i>[Signature]</i>			23b. ADDRESS Springfield, Missouri		23c. DATE SIGNED 6 Sept 50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-8-50		24c. NAME OF CEMETERY OR CREMATORY Ava		24d. LOCATION (City, town, or county) (State) Ava, Missouri	
DATE REC'D BY LOCAL REG. 9-12-50		REGISTRAR'S SIGNATURE <i>[Signature]</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clinkingbeard Funeral Home, Ava, Mo.		

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

Lyle G. Clinkingbeard

Student Embalmer No. *313*

working under my personal supervision.

Student *Lyle G. Clinkingbeard*
Student Embalmer

Signed *Charles R. Fish*

Licensed Embalmer No. *4667*

P. O. Address *Qua, md*

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.