

FILED OCT 31 1950

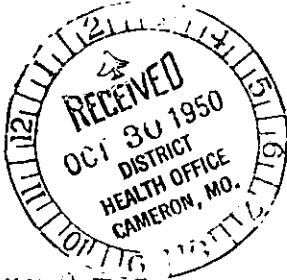
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33312

BIRTH NO. _____		REG. DIST. NO. 133		PRIMARY REG. DIST. NO. 3022		Registrar's No. 86	
1. PLACE OF DEATH a. COUNTY Harrison				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gentry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bethany			c. LENGTH OF STAY (In this place) 2 hours	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Albany			0381
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethany Hospital				d. STREET ADDRESS (If rural, give location) /			
3. NAME OF DECEASED (Type or Print) a. (First) Jack		b. (Middle) Curtiss		c. (Last) Hon		4. DATE OF DEATH (Month) (Day) (Year) Oct. 26 1950	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0	8. DATE OF BIRTH June 26 1928		9. AGE (In years last birthday) 22	IF UNDER 1 YEAR Months 4 Days 0	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. Army		10b. KIND OF BUSINESS OR INDUSTRY Air Force		11. BIRTHPLACE (State or foreign country) Harrison Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME ✓		13b. MOTHER'S MAIDEN NAME Maxine Hon		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) yes <i>Paint Tonne</i>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Maxine Weddle Albany, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Injuries auto accident - Cerebral concussion</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Crushing chest injury, probable hemorrhage.</i> DUE TO (c) <i>Fracture right wrist</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <i>5816h</i> <i>2h</i>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Mo. Highway #4</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Bethany Harrison Mo.</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>10 26 50 4:15 p.m.</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>Head on collision between pt. auto and truck</i>			
22. I hereby certify that I attended the deceased from <i>10-26</i> , 19 <i>50</i> , to <i>10-26</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>10-26</i> , 19 <i>50</i> , and that death occurred at <i>6:15 p.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Leonard R. Lee, M.D.</i>				23b. ADDRESS <i>Bethany, Mo</i>		23c. DATE SIGNED <i>10/27/50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>10-29-50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Kirk Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Worth Co. Missouri</i>		
DATE REC'D BY LOCAL REG. <i>10-27-50</i>		REGISTRAR'S SIGNATURE <i>Zola Burris</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Clifford Brooks</i>		ADDRESS <i>Albany Mo</i>	

(Licensed Embalmer's Statement on Reverse Side)

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



NOV 16 1950

NOV 22 1950

NOV 10 1950

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 me

Student Embalmer No.

working under my personal supervision.

Signed

Clifford Burks

Signed

Student Embalmer

Licensed Embalmer No. 3329

P. O. Address Albany 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.