

FILED DEC 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37653

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 358

59

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

1. PLACE OF DEATH a. COUNTY <i>Linn</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Linn</i>	
b. CITY OR TOWN <i>Brookfield</i>		c. CITY OR TOWN <i>Brookfield</i>	
c. LENGTH OF STAY (in this place) <i>3 months</i>		d. STREET ADDRESS (If rural give location) <i>417 Laclede Ave</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Brookfield Hospital</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>LINDA</i> b. (Middle) <i>SUE</i> c. (Last) <i>CURTO</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Nov-22-1950</i>
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Oct-18-1948</i>
9. AGE (In years last birthday) <i>2</i> IF UNDER 1 YEAR Months <i>1</i> Days <i>4</i>		IF UNDER 24 HRS. Hours <i></i> Min. <i></i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
		11. BIRTHPLACE (State or foreign country) <i>Pitchfield, Ill</i>	
		12. CITIZEN OF WHAT COUNTRY <i>U.S.A</i>	
13a. FATHER'S NAME <i>John Curto</i>		13b. MOTHER'S MAIDEN NAME <i>Killian Dorr</i>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. <i>-</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>John Curto Brookfield Mo</i>		ADDRESS <i>Mo</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Shock + cardiac failure sec to</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>2 degree burn 30% of body.</i> DUE TO (c) <i>scalding.</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Eg 17.4</i>	
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) <i>accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Brookfield Linn Mo</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>11 21 50 6:30 a</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <i>fell in tub of scalding water</i>			
22. I hereby certify that I attended the deceased from <i>11/22</i> , 1950, to <i>11-22</i> , 1950; that I last saw the deceased alive on <i>11-22</i> , 1950; and that death occurred at <i>11 a.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Keith W. Robinson</i> (Degree or title) <i>MD.</i>		23b. ADDRESS <i>211 Linn Brookfield</i>	
23c. DATE SIGNED <i>11/23/50</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>11-25-1950</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Hillsboro Cemetery Illinois</i>		24d. LOCATION (City, town, or county) (State) <i>Illinois</i>	
DATE REC'D BY LOCAL REG. <i>11-27-50</i>		REGISTRAR'S SIGNATURE <i>W.B. Ewin</i> ADDRESS <i>167 Hill Funeral Home Brookfield Mo</i>	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	

Date Received: DEC 4
DISTRICT HEALTH OFFICE
District File Number 12-5
Date Filed: DEC 4 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *J. B. Blacklock*

Licensed Embalmer No. *3246*

P. O. Address *Brookfield Ma*

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.