

FILED FEB 5 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 213

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY <b>BUCHANAN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>BUCHANAN</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST JOSEPH</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST JOSEPH</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3RD &amp; CHARLES ST</b>		d. STREET ADDRESS (If rural, give location) <b>401 NO. 6TH ST.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>OLIVER</b>		b. (Middle) <b>W.</b>	
c. (Last) <b>CURTIS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 26, 1951</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>APRIL 3, 1882</b>
9. AGE (In years last birthday) <b>68</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MACHINEIST</b>	11. BIRTHPLACE (State or foreign country) <b>HARTFORD MICHIGAN</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>		13a. FATHER'S NAME <b>EZRA CURTIS</b>	
13b. MOTHER'S MAIDEN NAME <b>JULIA (UNKNOWN)</b>		14. NAME OF HUSBAND OR WIFE <b>BEULAH CURTIS</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>492-26-8844</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>BEULAH CURTIS</b>		ADDRESS <b>401 No. 6th St.</b>	
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) <b>Acute Coronary Thrombosis</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Angina Pectoris</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>	
DUE TO (c) <b>Man died suddenly without recent serious illness or disability.</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4201</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE HOMICIDE	
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 <del>attested</del> <sup>viewed</sup> the deceased from <b>on 1/26, 1951</b> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>5:00 p.m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>H F Mundy MD-Corner 3</b>		23b. ADDRESS <b>St Joseph Mo</b>	
23c. DATE SIGNED <b>1/26/51</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>Jan. 29, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Carl C. Coats</b>	
DATE REC'D BY LOCAL REG. <b>JAN. 30, 1951</b>		REGISTRAR'S SIGNATURE <b>446 Carl C. Coats</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Carl C. Coats</b>		ADDRESS <b>120 Illinois Av</b>	

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Ema Clark*

Signed.....

Student Embalmer

Licensed Embalmer No. *29738*

P. O. Address *St Joseph 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.