

FILED MAR 13 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5597

State File No. ....

0800

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

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>5925</u>		Registrar's No. <u>80</u>		
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE No. _____ b. COUNTY <u>Pettis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ruralia, Crawford</u>		c. LENGTH OF STAY (in this place) <u>8 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia Mo.</u>		8 years <u>0</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sedalia Mo. R.F.D. 3</u>				d. STREET ADDRESS (If rural, give location) <u>R.F.D. #3</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Cass</u> c. (Last) <u>Curtis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-1-51</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Oct. 28-1935</u>		9. AGE (in years last birthday) <u>15</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>1</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY <u>Student</u>		11. BIRTHPLACE (State or foreign country) <u>Oak Forrest Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>William H. Curtis</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Barns</u>		14. NAME OF HUSBAND OR WIFE <u>U.</u>				
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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William H. Curtis</u> ADDRESS <u>Sedalia Mo</u>				
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, asthma, etc.* It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ 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.  <u>59151</u> <u>3</u>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Pettis Mo</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Mar 1, 1951 11:50 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Tractor turned over on him</u>				
22. I hereby certify that I attended the deceased from <u>Mar 1, 1951</u> , to <u>Mar 1, 1951</u> , that I last saw the deceased alive on <u>Jan 3, 1951</u> , and that death occurred at <u>11:50 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>H. A. Hite M.D.</u>				23b. ADDRESS <u>Green Ridge Mo.</u>		23c. DATE SIGNED <u>3-2-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-4-51</u>	24c. NAME OF CEMETERY OR CREMATORY. <u>Botts</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo. R.F.D.</u>			
DATE REC'D BY LOCAL REG. <u>3-4-51</u>		REGISTRAR'S SIGNATURE <u>H. A. Hite</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Parkers Funeral Service</u>				

RECEIVED 3-12-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 3-12-51 \_\_\_\_\_

MAR 13 1951

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 Paul M. Moore

Licensed Embalmer No. 3973

P. O. Address La Monte 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.