

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20659**

FILED JUN 25 1951

 BIRTH NO. _____ REG. DIST. NO. **175** PRIMARY REG. DIST. NO. **5646** Registrar's No. **#950**

1. PLACE OF DEATH a. COUNTY Lawrence (Buckprairie Tws)		2. USUAL RESIDENCE. (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marionville Borair		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marionville, Rural 1552	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)	a. (First) Dudley	b. (Middle)	c. (Last) Curts	4. DATE OF DEATH: (Month) (Day) (Year) June 8 1951
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 5, 1880	9. AGE (In years last birthday) 71	10. UNDER 1 YEAR 3 MONTHS 3 DAYS	11. IF UNDER 1 YEAR Hours 0 Mins. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Harrison County Indiana	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Jacob Curts	13b. MOTHER'S MAIDEN NAME Lucinda ?	14. NAME OF HUSBAND OR WIFE Auda Lois Curts
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes 4-1-1902 to 1-19-1905	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. Auda Lois Curts	ADDRESS Marionville
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **May 15, 1951**, to **June 8, 1951**, that I last saw the deceased alive on **June 2, 1951**, and that death occurred at **8:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE W.B. Hearon M.D. (Degree or title)	23b. ADDRESS Marionville, Mo.	23c. DATE SIGNED June 8 51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 10-51	24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery	24d. LOCATION (City, town, or county) (State) Marionville, Mo.
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DATE REC'D BY LOCAL REG. 6/8/51	REGISTRAR'S SIGNATURE Dra Mc Nath 157	25. FUNERAL DIRECTOR'S SIGNATURE G. Skridge	ADDRESS Marionville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

1961 2 130

DIVISION OF HEALTH OF MO.
District No. 6 - Springfield

RECEIVED

JUN 21 1951

Dist. File 657-1266
Date Fil. 6-21-51

MAY 26 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *Herman Turridge*

Signed.....
Student Embalmer

Licensed Embalmer No. *3072*

P. O. Address *Marionville*

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.