

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36829

0352
1

FILED DEC 6 1951

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 133

1. PLACE OF DEATH a. COUNTY <u>DUNKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>DUNKLIN</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>KENNETT</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>KENNETT</u> 0352	
c. LENGTH OF STAY (in this place) <u>16 YR</u>		d. STREET ADDRESS (If rural, give location) <u>810 N. MAIN ST</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>810 N. MAIN ST.</u>		d. STREET ADDRESS (If rural, give location) <u>810 N. MAIN ST</u>	
3. NAME OF DECEASED a. (First) <u>MURTIE</u>		b. (Middle) <u>MAE</u> c. (Last) <u>CURTIS</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>11-15-1951</u>		5. SEX <u>FEMALE</u>	
6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>MAR. 10-1890</u>		9. AGE (in years) (Month) (Day) (Hour) (Min.) <u>61 8 5</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE KEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	
11. BIRTHPLACE (State or foreign country) <u>SAVANNAH TENN</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>W. M. LITTLE</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY FRALEY</u>	
14. NAME OF HUSBAND OR WIFE <u>DECEASED</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>JETTIE CURTIS</u> ADDRESS <u>KENNETT</u>	
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) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>		?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 attended the deceased from <u>9 Nov</u> , 19 <u>51</u> , to <u>14 Nov</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>14 Nov</u> , 19 <u>51</u> , and that death occurred at <u>8:45 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Joe A. Zimmerman</u> (Degree or title) <u>0</u>		23b. ADDRESS <u>M.D. KENNETT, MO.</u>	
23c. DATE SIGNED <u>11-15-51</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>11-17-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GREGORY</u>	
24d. LOCATION (City, town, or county) (State) <u>KENNETT MO</u>		DATE REC'D BY LOCAL REG. <u>11-16-1951</u>	
REGISTRAR'S SIGNATURE <u>Carl Hubbard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>LENTS SERVICE</u> ADDRESS <u>KENNETT MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 11-17-51

COUNTY FILE NUMBER 1151-315

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 Edyard Lee Fair

Signed.....
Student Embalmer

Licensed Embalmer No. 4433

P. O. Address Kennett 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.