

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2208

State File No.

FILED FEB 14 1952

BIRTH NO.

REG. DIST. NO. 267

PRIMARY REG. DIST. NO. 5900

Registrar's No. 23

23

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Pemiscott</p>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p>			b. COUNTY <p style="text-align: center;">Pemiscott</p>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Braggadocio</p>		c. LENGTH OF STAY (in this place) <p style="text-align: center;">36 yrs</p>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Braggadocio</p>		0780								
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">Braggadocio</p>			d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">0</p>										
3. NAME OF DECEASED (Type or Print) a. (First) <p style="text-align: center;">ALFORD</p>			b. (Middle) <p style="text-align: center;">LYNN</p>			c. (Last) <p style="text-align: center;">CURTIS</p>			4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">January 30, 1952</p>				
5. SEX <p style="text-align: center;">Male</p>	6. COLOR OR RACE <p style="text-align: center;">White</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Widowed</p>		8. DATE OF BIRTH <p style="text-align: center;">December 16, 1870</p>		9. AGE (In years last birthday) <p style="text-align: center;">81</p>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 4 HRS. Hours	IF UNDER 4 HRS. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Retired Farmer</p>			10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">Farm</p>			11. BIRTHPLACE (State or foreign country) <p style="text-align: center;">Kentucky</p>			12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">U. S.</p>				
13a. FATHER'S NAME <p style="text-align: center;">Bennett Curtis</p>			13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Minervia Ann</p>			14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Bell Curtis</p>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <p style="text-align: center;">No</p>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <p style="text-align: center;">None</p>		17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Pest Skinner</p>		ADDRESS							
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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>			MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH.				
			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p style="text-align: center;">Pulmonary Tuberculosis - Advanced - Bilaterally</p>						20 or 30				
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <p style="text-align: center;">arteriosclerosis</p>										
			DUE TO (c) <p style="text-align: center;">Shivility</p>										
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.													
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <p style="text-align: center;">002X</p>						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) m.		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>Jan 12, 1952</u> , to <u>Jan 30, 1952</u> , that I last saw the deceased alive on <u>Jan 29, 1952</u> , and that death occurred at <u>11:45 p.m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE <p style="text-align: center;">A. J. Hiney</p>				(Degree or title)			23b. ADDRESS <p style="text-align: center;">Hayti, Missouri</p>			23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Burial</p>		24b. DATE <p style="text-align: center;">2-1-52</p>	24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Maple Cemetery</p>			24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Caruthersville, Missouri</p>							
DATE REC'D BY LOCAL REG. <p style="text-align: center;">2-12-52</p>		REGISTRAR'S SIGNATURE <p style="text-align: center;">John W. German</p>			406			25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">EMERSON - SON FUNERAL HOME</p>			ADDRESS <p style="text-align: center;">JANE'S BORO, ARKANSAS</p>		

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

0780
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2-52-53

Rec. FEB 13 1952

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

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. T. Evers

Licensed Embalmer No. 895

P. O. Address Jonesboro, Ark.

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.