U.S. No. 300
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SEP 8 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27513

BIRTH NO. _____ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 4135 Registrar's No. 39

1. PLACE OF DEATH
a. COUNTY: Clinton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gower
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Clinton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gower
d. STREET ADDRESS (If rural, give location): 2252

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): A.
c. (Last): Curd

4. DATE OF DEATH (Month) (Day) (Year): Aug. 26 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Jan/21/1881
9. AGE (In years last birthday): 70 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

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): Buchanan Co. Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Littleton Curd
13b. MOTHER'S MAIDEN NAME: Sarah F. Adams
14. NAME OF HUSBAND OR WIFE: Never Married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Jim Curd — ADDRESS: Gower, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4201
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* home *, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 3 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. B. Spaulding (Degree or title) M.D.
23b. ADDRESS: Platteburg Mo
23c. DATE SIGNED: Aug 28 52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Aug. 28, 52
24c. NAME OF CEMETERY OR CREMATORY: no. 6 Cemetery
24d. LOCATION (City, town, or county) (State): Gower, MO.

DATE REC'D BY LOCAL REG.: Sept 2 1952
REGISTRAR'S SIGNATURE: Elizabeth Scaife
25. FUNERAL DIRECTOR'S SIGNATURE: John H. Murray
ADDRESS: Gower Mo.

(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 Me

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed John H. Murray

Licensed Embalmer No. 2893

P. O. Address Gower, 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.