

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38070**
Registrar's No. **280**

Dr. Kelly

NOV 20 1952

REG. DIST. NO. **77**

PRIMARY REG. DIST. NO. **3016**

Registrar's No. **280**

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

264

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City	
c. LENGTH OF STAY (in this place) 18 yrs		d. STREET ADDRESS (If rural, give location) 144 Boonville Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION 144 Boonville Road		d. STREET ADDRESS (If rural, give location) 144 Boonville Road	
3. NAME OF DECEASED (Type or Print) a. (First) Emily b. (Middle) Amelia c. (Last) Curtis			4. DATE OF DEATH (Month) (Day) (Year) Nov 14 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH July-11-1861
9. AGE (In years last birthday) 91		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) Ontario, Canada
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME J. W. G. Merritt		13b. MOTHER'S MAIDEN NAME Not Known	14. NAME OF HUSBAND OR WIFE Byron H. Curtis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS T. H. Curtis, Jefferson City, Mo
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) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Quarantine Arteriosclerosis 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 332X	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) —	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 Aug 17 , 19 52 , to Nov 14 , 19 52 , that I last saw the deceased alive on Nov 14 , 19 52 , and that death occurred at 6 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Marshall W. Kelly (Degree or title) M.D.		23b. ADDRESS Jefferson City, Mo	23c. DATE SIGNED 11/15/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov-18-1952	24c. NAME OF CEMETERY OR CREMATORY Lakeside Cemetery	24d. LOCATION (City, town, or county) (State) Fairmont, Minnesota
DATE REC'D BY LOCAL REG. Nov-15-1952	REGISTRAR'S SIGNATURE R. P. Davis	FURNERAL DIRECTOR'S SIGNATURE ADDRESS W. P. Gordon Jefferson City, Mo	

DEC 31 1958

NOV 5 1958

FEB 4 1959

JUL 8 1959

DEC 31 1959

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 *Joseph J. Jordan*

Licensed Embalmer No. 1286

P. O. Address Jeff City 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.