

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11039

State File No. _____

FILED MAR 17 1953

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3057 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Ray</u> <u>0891</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> <u>0891</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond</u> /		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond</u> <u>0</u>	
c. LENGTH OF STAY (In this place) <u>6 months</u>		d. STREET ADDRESS (If rural, give location) <u>209 Jabez St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>209 Jabez St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>EARL</u> c. (Last) <u>CURTIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 7, 1953</u>
5. SEX <u>Male</u> <u>9</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> /	8. DATE OF BIRTH <u>Feb. 23, 1883</u>
9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Warehouseman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Storage Warehouse</u>	11. BIRTHPLACE (State or foreign country) <u>Springhill, Kansas</u> /	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John W. Curtis</u>		13b. MOTHER'S MAIDEN NAME <u>Susanna Haeger</u>	
14. NAME OF HUSBAND OR WIFE <u>Ruth Farley Curtis</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>487-09-8603</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ruth Curtis, Richmond, Mo.</u>		ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombosis of coronary artery</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Cardiovascular disease</u>			<u>10+</u> years
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 <u>4/201</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)		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>3/7</u> , 19 <u>53</u> , to <u>3/7</u> , 19 <u>53</u> ; that I last saw the deceased alive on <u>3/7</u> , 19 <u>53</u> , and that death occurred at <u>8:35 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) <u>M. L. Masterson, M.D.</u>		23b. ADDRESS <u>Richmond, Mo.</u>	
23c. DATE SIGNED <u>3/11/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 10, 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Sunny Slope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Richmond, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar 13-1953</u>		REGISTRAR'S SIGNATURE <u>Maluel Jackson</u> <u>273</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Thurman, Funeral Home</u>		ADDRESS <u>Richmond, Mo.</u>	

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, BY

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Wm. L. Thurman

Licensed Embalmer No. 1563

P. O. Address Richmond, 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.