

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12928**

FILED MAR 30 1953

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **6093** Registrar's No. **70**

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1. PLACE OF DEATH a. CITY Saline		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Mo b. COUNTY Buckanan	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL Marshall Twp		c. LENGTH OF STAY (in this place) 20 yrs	
c. CITY (If outside corporate limits, write RURAL and give township) St Joseph		d. STREET ADDRESS (if rural, give location) Unknown	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo State School			

3. NAME OF DECEASED (Type or Print) a. (First) Nicholas b. (Middle) Jorge c. (Last) Curtin			4. DATE OF DEATH (Month) (Day) (Year) Mar. 26, 1953		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 12/25-1938	9. AGE (In years last birthday) 14	10. MONTHS 3	11. HOURS 7:45	12. MIN. 3
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mo	10b. KIND OF BUSINESS OR INDUSTRY Mo	11. BIRTHPLACE (State or foreign country) St Joseph Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME R F Curtin	13b. MOTHER'S MAIDEN NAME Lane Gallagher	14. NAME OF HUSBAND OR WIFE Mo
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME R F Curtin Jr	18. ADDRESS Mo
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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) Subarachnoid Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Meningitis DUE TO (c) Adenocarcinoma		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION No	19b. MAJOR FINDINGS OF OPERATION 7544	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) no	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) no	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to **3-24, 1953** that I last saw the deceased alive on _____, 19____, and that death occurred at **5:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Harold Sandy (Degree or title) was	23b. ADDRESS Mo State School	23c. DATE SIGNED 3/24/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 26, 1953	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI
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DATE REC'D BY LOCAL REG. 3-25-1953	REGISTRAR'S SIGNATURE Ridney J Gray	FUNERAL DIRECTOR'S SIGNATURE Campbell-Lewis	ADDRESS Marshall, Mo.
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Ames H Lewis* _____

Licensed Embalmer No. *4709* _____

P. O. Address *Marshall, 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.