

FILED JUN 22 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23746**

BIRTH NO. _____		REG. DIST. NO. 375		PRIMARY REG. DIST. NO. 6288		Registrar's No. 23		
1. PLACE OF DEATH a. COUNTY Wright				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Wright				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gravespring Mo		c. LENGTH OF STAY (In this place) 65 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gravespring Mo				
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____				
3. NAME OF DECEASED (Type or Print) a. (First) Maggie			b. (Middle) L.		c. (Last) Curtis		4. DATE OF DEATH (Month) (Day) (Year) 6-12-53	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH JAN 16 1888	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Gravespring Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Henry J. DeK			13b. MOTHER'S MAIDEN NAME Anna M. Tison		14. NAME OF HUSBAND OR WIFE William A. Curtis			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Mrs. Wanda June Guinn Gibson ADDRESS 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage.					INTERVAL BETWEEN ONSET AND DEATH	
		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 _____					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) 331X		21d. (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 Jan 1, 1953 , to June 12, 1953 , that I last saw the deceased alive on 6-12, 1953 , and that death occurred at 2:00 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE J. H. [Signature] (Degree or title)				23b. ADDRESS Gravespring		23c. DATE SIGNED 6-16-53		
24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE 6/14/53		24c. NAME OF CEMETERY OR CREMATORY Shaddy Cemetery		24d. LOCATION (City, town, or county) (State) Wright County Mo		
DATE REC'D BY LOCAL REG. 6-17-53		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Hartsville Mo.		

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

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WRIGHT CO. HEALTH DEPT.
County File Number 653-92
Date Filed 6-20-53

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 _____

Glen A. Williams

Licensed Embalmer No. 4651

P. O. Address Hartsville 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.