

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10-48

FILED AUG 31 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 300 PRIMARY REG. DIST. NO. 3058 Registrar's No. 187

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>		c. LENGTH OF STAY (In this place) <u>4-weeks</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Defiance</u>		d. STREET ADDRESS (If rural, give location) <u>Highway D. R#1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Harold</u>	b. (Middle) <u>Henry</u>	c. (Last) <u>Curd</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 21, 1953</u>
-------------------------------------	--------------------------	--------------------------	-----------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Mar. 10, 1915</u>	9. AGE (In years last birthday) <u>38</u>	% UNDER 1 YEAR <u>5</u> Months	% UNDER 1 Hrs. <u>11</u> Hours	% UNDER 1 Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Contracting</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Overland, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>William Curdt</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Kinker</u>	14. NAME OF HUSBAND OR WIFE <u>Dorothy Mae Curdt</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>196-11-9364</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dorothy Mae Curdt</u>	ADDRESS <u>Defiance, Mo. R#1</u>
---	--	--	--	----------------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	II. OTHER SIGNIFICANT CONDITIONS <u>Antecedent causes: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</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) (Min.)	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. 21, 1953, to Aug. 21, 1953, that I last saw the deceased alive on Aug. 21, 1953, and that death occurred at 7:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Superintendent M.D.</u>	23b. ADDRESS <u>St. Charles, Mo.</u>	23c. DATE SIGNED <u>Aug. 22, 1953</u>
---	--------------------------------------	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-21-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Free Free Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Battonville, Mo.</u>
---	----------------------------	--	---

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Aug 22 1953</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>Blummann</u>	ADDRESS <u>2501 Woodson Rd. Overland-14-Mo.</u>
--	--	---

(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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*David C. Gibson*

Licensed Embalmer No. *3454*

P. O. Address *Portland 145*

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.