

FILED OCT 14 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31223

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>3011</u>		Registrar's No. <u>103</u>	
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>			
b. CITY OR TOWN <u>Carrollton</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Carrollton</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2. S. Main St.</u>				e. STREET ADDRESS (If rural, give location) <u>Rural RFD 4 0170</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Ogle</u> c. (Last) <u>Curtis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 9 1953</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED (NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED, RE-MARRIED) <u>Never Married</u>		8. DATE OF BIRTH <u>Jan 5 1887</u>	
9. AGE (in years last birthday) <u>66</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Carroll Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John J. Curtis</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Elizabeth Jages</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY # <u>496-29-1848</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Graves Crouch</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, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES <u>Depression</u> Morbidity 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 <u>Cerebral Death</u> Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19c. 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. _____	
19e. 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 _____, 19____, to <u>Oct 9</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1st day</u> , 19 <u>52</u> , and that death occurred at <u>11:00</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Care V. Mace</u> (Degree or title) _____				23b. ADDRESS <u>Carrollton Mo</u>		23c. DATE SIGNED <u>10-10-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 11 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dan Hill Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo</u>	
DATE REC'D BY LOCAL REG. <u>10/10/53</u>		REGISTRAR'S SIGNATURE <u>Mrs. Herbert Carter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Studley & Gibson</u>		ADDRESS <u>Carrollton Mo</u>	

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

Can. Div. of Health, Oct 19 1953

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.....
Signature of Student Embalmer

Signed.....

Clyford W. Austin
Licensed Embalmer No. 3

P. O. Address *Tina*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Carroll } ss.

State File No. 3/223
Local Registrar's No. 103

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 16th day of October, 1953, before me appears

....., who, upon oath, states that the original record of ~~birth~~ death
for John Ogle Curtis died October 9, 1953, in the State of
Missouri, and which was filed at Carrollton on Oct 10, 1953, should be corrected as follows:

Item No. 16 should read 496-24-1348

Instead of NONE

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs Graves Crauch - Sister
Carrollton Mo Relationship.
Present Address.

Subscribed and sworn to before me this 16 day of Oct., 1953

My Commission expires March 26, 1955 Willis Henderson Notary Public.

100