

No. 300
10.48

FILED DEC 11 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39877**

180

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

BIRTH NO. _____		REG. DIST. NO. 272		PRIMARY REG. DIST. NO. 1812		Registrar's No. 68	
1. PLACE OF DEATH a. COUNTY Demiseat				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Demiseat			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Steele		c. LENGTH OF STAY (in this place) 44 1/4		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Steele		0780	
d. FULL NAME OF HOSPITAL OR INSTITUTION Virginia Hosp.				d. STREET ADDRESS (If rural, give location) Route 3 0			
3. NAME OF DECEASED a. (First) James b. (Middle) Walter c. (Last) Curtis			4. DATE OF DEATH (Month) (Day) (Year) 11-26-53				
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-2-1887	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 0 Days 24	IF UNDER 12 HRS. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) L'chares		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Juscambis Ala'		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Bertha Curtis			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes War I		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Arterio-sclerosis 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.				INTERVAL BETWEEN ONSET AND 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 (COUNTY) (STATE) Steele Demiseat Mo		21d. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from 11-26-53 , 19 53 , to 11-26-53 , 19 53 , that I last saw the deceased alive on 11-26-53 , and that death occurred at 2:15 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE J.R. Chapman M.D. (Degree or title)				23b. ADDRESS Steele, Mo		23c. DATE SIGNED 12-4-53	
24a. RURAL, CREMATION, REMOVAL (Specify) Rural		24b. DATE 11-2-1887		24c. NAME OF CEMETERY OR CREMATORY Mt Zion		24d. LOCATION (City, town, or county) (State) Steele Mo	
DATE REC'D BY LOCAL REG. 12-5-53		REGISTRAR'S SIGNATURE J.A. Williams 249-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS German Undert Co Steele Mo			

(Licensed Embalmer's Statement on Reverse Side)

12-386-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

DEC 10 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed John K. Herman

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.