

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 25 1954

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 61

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| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph | | c. LENGTH OF STAY (in this place) 25 Yrs | c. CITY OR TOWN St. Joseph |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 723 So. 16th St. | | e. STREET ADDRESS (If rural, give location) 723 So. 16th St. <u>01170</u> | |

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|--|----------------------------------|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) Oliver Perry Curtis | | | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 15, 1954 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Feb. 16, 1876 | 9. AGE (In years last birthday) 77 | IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired (15) Carpenter | | 10b. KIND OF BUSINESS OR INDUSTRY R.I. RR Co | | 11. BIRTHPLACE (City and State or Foreign Country) Gallatin, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | | |

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| 13a. FATHER'S NAME George H. Curtis | | 13b. MOTHER'S MAIDEN NAME Sarah Nickson | | 14. NAME OF HUSBAND OR WIFE Cina Curtis | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 708-14-3947 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cina Curtis 723 So 16th St City | |

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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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis General</u> 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 <u>unknown</u> <u>3</u> | |
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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4200</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 Sept 11, 1953, to Jan 15, 1954, that I last saw the deceased alive on Jan 14, 1954, and that death occurred at 5:15a m., from the causes and on the date stated above.

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| 23. SIGNATURE (Degree or title) <u>Walter A. Law</u> | | 23b. ADDRESS <u>M.D. Mark Patrick Bldg St Joseph Mo</u> | | 23c. DATE SIGNED <u>Jan 15-1954</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 1-17-54 | | 24c. NAME OF CEMETERY OR CREMATORY Altamont Cemetery | |
| | | 24d. LOCATION (City, town, or county) (State) Altamont, Mo. | | | |

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| DATE REC'D BY LOCAL REG. <u>Jan 21, 1954</u> | | REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u> | | 485 | |
| | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman W. Sidenfaden</u> | | ADDRESS <u>1802 Union St. St. Joseph, 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.....
Signature of Student Embalmer

Signed.....
Robert H. Geph

Licensed Embalmer No. 3308

P. O. Address St. Joseph,

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.