

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8667

FILED APR 14 1954

State File No. 1444

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Bourbon</u>			
b. CITY OR TOWN <u>Sauvage City Mo</u>		c. LENGTH OF STAY (in this place) <u>1 1/2 days</u>		c. CITY OR TOWN <u>Fair Scott</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeside Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>1024 South Main</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dora</u>			b. (Middle) <u>mae</u>		c. (Last) <u>Grish.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 31-1954</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>January 15-1863</u>		9. AGE (In years last birthday) <u>91</u>	if UNDER 1 YEAR Months _____ Days _____	if UNDER 60 Hrs. _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Michigan</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Norman D. Curtis</u>		13b. MOTHER'S MARDEN NAME <u>Elizabeth Haines</u>		14. NAME OF HUSBAND OR WIFE <u>James W. deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr Leon Grish</u> ADDRESS <u>(241 N. 23rd. 5th St)</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Arteriosclerosis</u> Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>10 days</u> <u>331X</u>	
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) _____			
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 <u>March 21, 1954</u> to <u>March 31, 1954</u> , that I last saw the deceased alive on <u>MARCH 31, 1954</u> and that death occurred at <u>12:47 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. L. West</u> (Doctor or Mid) _____				23b. ADDRESS <u>Redwood Grandview Mo</u>		23c. DATE SIGNED <u>3-31-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>3-31-54</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>FT. Scott - Kansas</u>	
DATE REC'D BY LOCAL REG. <u>3-31-54</u>		REGISTRAR'S SIGNATURE <u>Berdine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE & M^cCLURE</u>		ADDRESS <u>K.G. MO.</u>	

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

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.