

FILED DEC 9 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36376

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>5000</u>		Registrar's No. <u>427</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>			
b. CITY OR TOWN <u>Rural Benton Township</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Benton Township</u>		0010	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>KIRKSVILLE RURAL</u>				d. STREET ADDRESS (If rural, give location) <u>South Of Kirksville</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Delbert</u>			b. (Middle) <u>D.</u>		c. (Last) <u>Curtis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>December 3 1954</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>November 25 1867</u>		9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>8</u>	IF UNDER 4 HRS. Days <u>8</u> Hours _____ Min. _____
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 _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>David Curtis</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Rutherford</u>		14. NAME OF HUSBAND OR WIFE <u>Lillie Curtis</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Faye Bloom</u>		ADDRESS <u>Kirksville Mo</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>Malnutrition</u> ANTECEDENT CAUSES DUE TO (b) <u>Senility & inactivity.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death:</i>					INTERVAL BETWEEN ONSET AND DEATH <u>6 Mo</u> <u>Yrs.</u>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		2865	
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>May</u> , 1954, to <u>Dec.</u> , 1954, that I last saw the deceased alive on <u>11/22/54</u> 19____, and that death occurred at <u>4:20A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>A. H. Summers</u>			23b. ADDRESS <u>Kirksville, Mo</u>			23c. DATE SIGNED <u>12/4/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 5 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cannedy</u>		24d. LOCATION (City, town, or county) (State) <u>Adair Co Mo</u>			
DATE REC'D BY LOCAL REG. <u>12-7-54</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>A. H. McCallister</u> ADDRESS <u>South Gifford 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 Embalmer

Signed..... *M. H. McCallum*

Licensed Embalmer No. 2052

P. O. Address..... South Gifford 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.