

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **7711**

FILED APR 4 1955

BIRTH NO. _____		REG. DIST. NO. <b>101</b>		PRIMARY REG. DIST. NO. <b>5395</b>		Registrar's No. <b>13</b>	
1. PLACE OF DEATH a. COUNTY <b>Douglas</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Douglas</b>			
b. CITY OR TOWN <b>Sweden (Rural) (Brown)</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>Sweden</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <b>Brown Township</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>JULIA</b>		b. (Middle) <b>GRACE</b>		c. (Last) <b>CURTIS</b>	
4. DATE OF DEATH		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Widowed</b>	
8. DATE OF BIRTH <b>2-6-1871</b>		9. AGE (In years last birthday) <b>84</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Housewife</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Arcola, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>John Reynolds</b>		13b. MOTHER'S MAIDEN NAME <b>Mary</b>		14. NAME OF HUSBAND OR WIFE <b>John L. Curtis</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Lamson Curtis</b>		ADDRESS <b>Sweden, Mo.</b>	
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.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchial Pneumonia</b>  ANTECEDENT CAUSES 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. <b>Heart Block</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>			
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) (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 <b>1950</b> to <b>Mar 22, 1955</b> , that I last saw the deceased alive on <b>Mar 20, 1955</b> , and that death occurred at <b>4:10 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>M. L. Hoerman</b>		23b. ADDRESS <b>DD 2 Gainesville, Mo.</b>		23c. DATE SIGNED <b>3/24/1955</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-25-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Souder Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Souder, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>3-31-55</b>		REGISTRAR'S SIGNATURE <b>Vestal Buchanan</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Chickland Funeral H.</b>		ADDRESS <b>Ava, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

AUG 2 1955

### 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.....  
*Charles R. Fish*

Licensed Embalmer No. *466*

P. O. Address *Ava, m*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.