

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11260**

FILED MAY 9 1955

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 3009 Registrar's No. 120

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> <i>0161</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u> <i>0720</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jackson</u>		c. LENGTH OF STAY (In this place) <u>1</u>	c. CITY OR TOWN <u>Morehouse</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Raymond</u> c. (Last) <u>Curd</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April. 30, 1955</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>Jan. 23, 1913</u>
9. AGE (In years, last birthday) <u>42</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Factory worker</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Dexter, Mo. R. 1.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Factory worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Manfg.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. AA</u>
13a. FATHER'S NAME <u>Leo Curd</u>		13b. MOTHER'S MAIDEN NAME <u>Carrie Shipman</u>	14. NAME OF HUSBAND OR WIFE <u>Morehouse, Irene Reynolds Curd.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>World war 2</u>		16. SOCIAL SECURITY NO. <u>489-18-6232</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Martha Stanberry, Sis. Morehouse</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Strangulation</u> ANTECEDENT CAUSES Morbidity 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.	
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) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>In County Jail</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jackson Cape Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Apr 30 '55 4:15 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Hung himself with his belt.</u>
22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. H. Sigmond, Coroner</u>		23b. ADDRESS <u>Jackson, Mo.</u>	23c. DATE SIGNED <u>May 3 '55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1. 55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Triplet Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>Dexter, R. 1. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Watkins & Sons, Fun. Ser. Dexter, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-9-55</u>		REGISTRAR'S SIGNATURE <u>D. H. Suter by D. H. Suter</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

MAY 17 1955

FEB 28 1956
JAN 8 1957

MAY 11 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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Marsh Watkins.....

Licensed Embalmer No. 471

P. O. Address Dexter M

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.