

FILED JUN 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 17894
Registrar's No. 367

BIRTH NO.		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 5143		Registrar's No. 367	
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Butler			
b. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff, Mo		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Poplar Bluff		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 Home Route #2				STREET ADDRESS (If rural, give location) Route #2 0120			
3. NAME OF DECEASED (Type or Print) a. (First) William			b. (Middle) A.		c. (Last) Kurz		4. DATE OF DEATH (Month) (Day) (Year) June 10, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 21, 1878		9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 5 Days 19	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Scribner, Nebraska		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Ferdinand Kurz		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Etta May Barnes			
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elmer Kurz, Poplar Bluff, Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Acute Coronary Decompens. 18 hrs.						
ANTECEDENT CAUSES	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
DUE TO (b)	Myocarditis, Chronic 18 yrs.						
DUE TO (c)	Chronic Valvular heart disease 10 yrs.						
II. OTHER SIGNIFICANT CONDITIONS	Arteriosclerosis 15 to 20 yrs.						
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)				
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 9 June, 1955, to 10 June, 1955, that I last saw the deceased alive on 9 June, 1955, and that death occurred at 11:30 a.m., from the causes and on the date stated above.							
23a. SIGNATURE Cyril A. Post (Degree or title)				23b. ADDRESS Poplar Bluff, Mo		23c. DATE SIGNED 18 June 55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-12-55	24c. NAME OF CEMETERY OR CREMATORY Sparkman Cem.		24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo. Rural			
DATE/REC'D BY LOCAL REG. 6/21/55	REGISTRAR'S SIGNATURE R. H. McNeill 489-1			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank-Cotrell Poplar Bluff, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

RECEIVED
JUN 27 1955
BUTLER CO. HEALTH CENTER
FILE No. _____

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 Wallace R. Kriger

Licensed Embalmer No. 45
412

P. O. Address pp. B.

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.