

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED MAR 13 1956

BIRTH NO. 1348578-56 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE MISSOURI b. COUNTY ST. FRANCOIS	
b. CITY (If outside corporate limits, write RURAL and give name of place) OR TOWN RURAL, ST. FRANCOIS		c. LENGTH OF STAY (in this place) 9 1/2 hrs.	c. CITY OR TOWN ESTHER
d. FULL NAME OF HOSPITAL OR INSTITUTION MINERAL AREA OSTEO. HOSP.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 094	

3. NAME OF DECEASED (Type or Print) a. (First) JACKIE b. (Middle) WAYNE c. (Last) CURETON	4. DATE OF DEATH (Month) (Day) (Year) Feb 28 - 1956
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) INFANT	8. DATE OF BIRTH 2-27-56	9. AGE (In years last birthday) if UNDER 1 YEAR Months Days 9 1/2 if UNDER 2 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) FARMINGTON, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME WILLIAM CURETON	13b. MOTHER'S MAIDEN NAME DOROTHY VARMER	14. NAME OF HUSBAND OR WIFE Never Married
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME William CURETON ADDRESS ESTHER, MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Inhalation of mucus plug	DUPLICATE		immediate
ANTECEDENT CAUSES	DUE TO (b) _____		
<i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Cleft Palate <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Cleft lip	9229		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 46	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 094 (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 2-27, 1956, to 2-28, 1956 that I last saw the deceased alive on 2-28, 1956, and that death occurred at 7:45 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. M. Beck D.O.	23b. ADDRESS LEADWOOD, MISSOURI	23c. DATE SIGNED 2-28-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/29/56	24c. NAME OF CEMETERY OR CREMATORY MITCHEL CEMETERY	24d. LOCATION (City, town, or county) (State) ELVINS, MO. R.F.D/NO
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DATE REC'D BY LOCAL REG. Feb. 28, 1956	REGISTRAR'S SIGNATURE Esther Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE But L. Bayer ADDRESS Leadwood, Mo.
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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 NOT EMBALMED, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed William E. Boyer

Licensed Embalmer No. 4730

P. O. Address Leedwood

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.