

FILED MAR 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9469

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>121</u>			
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin,		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Joplin		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital				STREET ADDRESS (If rural, give location) 20th Sargeant Ave. <u>7125 D 495 Florida</u>					
3. NAME OF DECEASED (Type or Print) a. (First) FRENCH		b. (Middle) NEWTON		c. (Last) McCurtain		4. DATE OF DEATH (Month) (Day) (Year) March 17 1956			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH Aug 20-1878			
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 11 HRS. Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired stockman		10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (City and State or Foreign Country) Jasper Co, INDIANA		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME ISAAC N Mc CURTAIN			13b. MOTHER'S MAIDEN NAME MARY H. PARKER			14. NAME OF HUSBAND OR WIFE ANNA M. McCURTAIN			
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 ADDRESS E.C. McCURTAIN ST LOUIS 7-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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Apoplexy DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 days 2 1/2 weeks	
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) (Minute)			
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>2-28</u> , 19 <u>56</u> , to <u>3-17</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3-17</u> , 19 <u>56</u> , and that death occurred at <u>1:30p m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Royal M. She M.D.</u>				23b. ADDRESS 607 Frisco Building Joplin, Missouri		23c. DATE SIGNED 3-17-56			
24a. BURIAL (CREMATION REMOVAL) (Specify) BURIAL		24b. DATE 3-19-56		24c. NAME OF CEMETERY, OR CREMATORY PARK CEMETERY		24d. LOCATION (City, town, or county) (State) CARTHAGE MO			
DATE REC'D BY LOCAL REG. 3-22-56		REGISTRAR'S SIGNATURE <u>Dove Merriam</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Knell Mortuary, Carthage, Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

Jasper County Health
County File Number 56-3-266
Date Filled MAR 27 1956

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..... *Frank W. Kuehl*

Licensed Embalmer No. 44

P. O. Address.. *Curth...*

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