

FILED JUL 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19617

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 710

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. CITY OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) 19 yrs		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 Goroth Nursing Home 1804 Faron Street		f. STREET ADDRESS (If rural, give location) 2017 Pacific Street 01170	

3. NAME OF DECEASED (Type or Print) CECIL CLIFTON CURTIS		a. (First) b. (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) JUNE 23, 1956	
5. SEX male <input type="radio"/> female <input type="radio"/>		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Nov. 25, 1876		9. AGE (In years last birthday) 79		10. IF UNDER 1 YEAR Months Days	
11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		13. IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) <input type="radio"/>	
13a. FATHER'S NAME James H. Curtis		13b. MOTHER'S MAIDEN NAME Jane Day Thomas		14. NAME OF HUSBAND OR WIFE Alice Curtis	
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. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Alice Curtis, 2017 Pacific St., City	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intracranial hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary edema		20. INTERVAL BETWEEN ONSET AND DEATH Multiple 8-10 yrs. 10+ yrs. Terminal	
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)		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 January 19⁵⁴, to June 23, 19⁵⁶ that I last saw the deceased alive on June 23, 19⁵⁶, and that death occurred at 5:50A m., from the causes and on the date stated above.

23a. SIGNATURE E. E. Wadlow, M.D.		(Degree or title)		23b. ADDRESS 620 Francis St., St. Joseph, Mo.		23c. DATE SIGNED 6-29-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE June 25, 1956		24c. NAME OF CEMETERY OR CREMATORY Westlawn Cemetery		24d. LOCATION (City, town, or county) (State) DeKalb, Missouri	
DATE REC'D BY LOCAL REG. July 2, 1956		REGISTRAR'S SIGNATURE Ethan M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Hester-Bearna Funeral Home, St. Joseph, Mo.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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..... *Eugene Wood*

Licensed Embalmer No. *380*

P. O. Address *390 10th St*

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.