THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 18 1957

5354-57

3746

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 153

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, give TOWNSHIP only) OR TOWN St. Joseph — Inside Limits Yes ☑ No ☐	c. CITY OR TOWN St. Joseph 0114 0 — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Joseph's Hospital — Length of stay in 1b 3½ Hrs	d. STREET ADDRESS (If outside, give location) 6512 So. 11th St. — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print)	First: ANNA	Middle: MARIE	Last: CURTIS	4. DATE OF DEATH	Month: Feb. Day: 10 Year: 1957
5. SEX: Female	6. COLOR OR RACE: White 1	7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ 0 DIVORCED ☐	8. DATE OF BIRTH: Feb. 10, 1957	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours 3 Min. 35
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None	10b. KIND OF BUSINESS OR INDUSTRY: None	11. BIRTHPLACE (City and state or country): St. Joseph Missouri 0	12. CITIZEN OF WHAT COUNTRY? U S A		
13. FATHER'S NAME: CARL EARL CURTIS		14. MOTHER'S MAIDEN NAME: ANNA BEATRICE HOOK			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT: Carl Curtis	Address: St. Joseph, Mo.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fetal Atelectasis — INTERVAL BETWEEN ONSET AND DEATH 1½ h

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Prematurity

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 7625

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Febr 10/57 to Feb 10, 1957 and last saw her alive on Feb 10, 1957

Death occurred at 11:05 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Scott Benson M.D.	22b. ADDRESS: 510 Corby Bldg	22c. DATE SIGNED: 2/11/57
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 2-12-57	23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county): St. Joseph (State): Missouri		
24. FUNERAL DIRECTOR: Stamey Funeral Home	ADDRESS: St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG.: Feb 14, 1957
26. REGISTRAR'S SIGNATURE: Esther M. Allison		

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 -56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Tn 495 A 46

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed George P. Kerby

Licensed Embalmer No 475

P. O. Address Joseph

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