

FILED SEP 10 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

'57 027431  
State File No. 601

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5044 Registrar's No. 601

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|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>BARRY</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>BARRY</b> |   |
| b. CITY (If outside corporate limits with RURAL and give township) OR TOWN <b>WASHBURN (TWP.)</b>            |  | c. CITY OR TOWN <b>WASHBURN</b>  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <b>30 days</b>   |  | e. STREET ADDRESS (If rural, give location) <b>205-0</b>   |   |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION |  |  |   |

|  |                               |   |   |   |   |                                      |
|--|-------------------------------|---|---|---|---|--------------------------------------|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>CURTIS</b> b. (Middle) <b>S</b> c. (Last) <b>SEE</b>  |                               |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>8 22 1957</b>               |   |   |                                      |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b> | 8. DATE OF BIRTH <b>12-17-1866</b>                                      | 9. AGE (In years last birthday) <b>90</b> | IF UNDER 1 YEAR: Days <b>8</b>          | IF UNDER 24 HRS. Hours <b>5</b> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farming</b> |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>farm</b>                               | 11. BIRTHPLACE (City and State or Foreign Country) <b>Clay Co. Ill.</b> |   | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b> |                                      |

|   |  |   |
|---|--|---|
| 13a. FATHER'S NAME <b>John H. See</b>                                       | 13b. MOTHER'S MAIDEN NAME <b>Delila Ferguson</b>                           | 14. NAME OF HUSBAND OR WIFE <b>none</b>                                   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>none</b> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Hettie See Washburn, Mo.</b> |

|  |   |  |                                  |
|--|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, arteria, 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) <b>Acute Nephritis</b>   |  |                                  |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Chronic Nephritis-Arterio</b><br>DUE TO (c) <b>sclerosis</b> |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |   |  |                                  |

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|---|---|--|
| 19a. DATE OF OPERATION                          | 19b. MAJOR FINDINGS OF OPERATION  | 20. AUTOPSY? <b>2</b><br>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)<br><b>592X</b>                               |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?   |

22. I hereby certify that I attended the deceased from 8-15, 1957, to 8-22, 1957, that I last saw the deceased alive on 8-22, 1957, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

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|--|---|--|
| 23a. SIGNATURE (Degree or title) <b>Dr. Chas. B. Brown D.O.</b>    | 23b. ADDRESS <b>Deligman Mo.</b>            | 23c. DATE SIGNED <b>8/26/57</b>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>            | 24b. DATE <b>8-25-57</b>                    | 24c. NAME OF CEMETERY OR CREMATORY <b>Sparks Cemetery</b>                        |
| 24d. LOCATION (City, town, or county) (State) <b>Barry Co. Mo.</b> |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Williamson Chapel Cassville, Mo.</b> |
| DATE REC'D BY LOCAL REG. <b>8-30-1957</b>                          | REGISTRAR'S SIGNATURE <b>Grace Williams</b> |  |

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

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BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 957-152

DATE REC. 9-3-57

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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 *Mypelt*, Student Embalmer No. .... working under my personal supervision:.

Student.....  
Signature of Student Embalmer

Signed *Doyle E. Williamson*

Licensed Embalmer No. 4883  
P. O. Address Cassville, Mo.

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.