No. 300
10.48

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

FILED SEP 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32689

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5264 Registrar's No. 38

1. PLACE OF DEATH
a. COUNTY: MARION
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL WARREN TOWNSHIP
c. LENGTH OF STAY (In this place): 25 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MONROE CITY, MO R4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MARION
c. CITY OR TOWN: RURAL WARREN TWN
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): MONROE CITY, MO R 4

0640
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3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): DEWEY
c. (Last): CURLESS

4. DATE OF DEATH (Month) (Day) (Year): SEPT 18 1957

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MAY 7, 1898
9. AGE (In years last birthday): 59
If under 1 year: Months 4 Days 11
If under 24 hrs.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: OWN FARM
11. BIRTHPLACE (City and State or Foreign Country): FULTON COUNTY, ILLINOIS
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: EMERY B. CURLESS
13b. MOTHER'S MAIDEN NAME: MARY GOULD
14. NAME OF HUSBAND OR WIFE: MARGARET CURLESS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 486-42-0538
17. INFORMANT'S SIGNATURE OR NAME: Wm Curless
ADDRESS: Monroe City Mo

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Gunshot wound of brain — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating, the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Mental depression — several weeks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 976X
20. AUTOPSY? YES ☐ NO ☒ 2

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify): suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP) Warren (COUNTY) Marion (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9 18 57 5 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Sat on porch, shot self in head with 22 cal rifle

22. *I hereby certify that I attended the deceased from* 9/18, 1957, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 5 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry Howell Jr M D Coroner
23b. ADDRESS: Hannibal Mo
23c. DATE SIGNED: 9/19/57

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 9-20-47
24c. NAME OF CEMETERY OR CREMATORY: SUMMUM CEMETERY
24d. LOCATION (City, town, or county) (State): SUMMUM, ILLINOIS

DATE REC'D BY LOCAL REG.: 9-19-57
REGISTRAR'S SIGNATURE: W. C. McLeche By Viola Geer, Deputy
25. FUNERAL DIRECTOR'S SIGNATURE: Wilson & Sons
ADDRESS: Monroe City Mo

(Licensed Embalmer's Statement on Reverse Side)

189-2

RECEIVED SEP 2 7 1957
MARION CO. HEALTH DEPT.
DATE FILED SEP 2 7 1957

JUN 2 0 1958

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Leslie L. Nelson

Licensed Embalmer No. 3014

P. O. Address Monroe, In

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