

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **34793**

FILED OCT 16 1957

BIRTH NO. _____		REG. DIST. NO. 32		PRIMARY REG. DIST. NO. 5109		Registrar's No. 57	
1. PLACE OF DEATH a. COUNTY BOLLINGER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY BOLLINGER			
b. CITY OR TOWN CROOKED CREEK TWP		c. LENGTH OF STAY (in this place) LIFETIME		c. CITY OR TOWN RURAL		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION H.W.F. #348 MILES WEST				e. STREET ADDRESS (If rural, give location) NEAR BESSVILLE			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) WILBERT		c. (Last) CURETON		4. DATE OF DEATH (Month) (Day) (Year) OCT. 5 1957	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH FEB. 4 1906	
9. AGE (In years last birthday) 51		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY TIMBER		11. BIRTHPLACE (City and State or Foreign Country) MARION MO	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME ROBERT CURETON		13b. MOTHER'S MAIDEN NAME DOVA BOLLINGER		14. NAME OF HUSBAND OR WIFE DECEASED	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 362-19-9994		17. INFORMANT'S SIGNATURE OR NAME Marion Cureton ADDRESS MARION 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hemorrhage DUE TO (c) Accident automobile II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Road		21c. (CITY, TOWN, OR TOWNSHIP) CROOKED CREEK TWP (COUNTY) BOLLINGER (STATE) MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 5- 57 20 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Automobile Accident.			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on Oct. 5 , 19____, and that death occurred at 2 P m., from the causes and on the date stated above.							
23a. SIGNATURE John J. Myers		(Degree or title) Dr. A. Lutesville		23b. ADDRESS MO		23c. DATE SIGNED 10/12/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10-7-57		24c. NAME OF CEMETERY OR CREMATORY UNION CEM		24d. LOCATION (City, town, or county) (State) BOLLINGER MO	
DATE REC'D BY LOCAL REG. 10/12/57		REGISTRAR'S SIGNATURE Mrs. Buford Crader		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BAKER FUNERAL HOME, LUTESVILLE, MO			

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 17 1957

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

A. J. Baker

Licensed Embalmer No. *3673*

P. O. Address *Fort Worth, Tex.*

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.