V.S. No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39925

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1162-B

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

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SPRINGFIELD
c. LENGTH OF STAY (In this place): 2 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. JOHN'S

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: WRIGHT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL (BRUSH CREEK)
d. STREET ADDRESS (If rural, give location): 7 mi NE. HARTVILLE

3. NAME OF DECEASED (Type or Print): a. (First) AMANDY b. (Middle) ANNIE c. (Last) CURTIS
4. DATE OF DEATH (Month) (Day) (Year): 12/4/57
5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
8. DATE OF BIRTH: 2-8-1908
9. AGE (In years last birthday): 49 — If under 1 year: Months 9, Days 26 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): WRIGHT CO. MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: EVEN SCHOONOVER
13b. MOTHER'S MAIDEN NAME: ANNE HOWE
14. NAME OF HUSBAND OR WIFE: ORVILLE CURTIS divorced
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'S SIGNATURE OR NAME: DR. Schweitzer — ADDRESS: Springfield Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction (?) — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Unknown — Unknown
DUE TO (c) Unknown — Unknown

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Granular casts in urine

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 5705
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-3, 1957, *to* 12-4-, 1957, *that I last saw the deceased alive on* 12-4- 1957 *and that death occurred at* 2:30 PM *from the causes and on the date stated above.*

23a. SIGNATURE: Fred C. Schweitzer (Degree or title) M.D.
23b. ADDRESS: 410 Woodruff Bldg Springfield Missouri
23c. DATE SIGNED: 12-6-57

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12/7/57
24c. NAME OF CEMETERY OR CREMATORY: HOGUE CEM.
24d. LOCATION (City, town, or county) (State): WRIGHT CO. MO.

DATE REC'D BY LOCAL REG.: 12-8-57
REGISTRAR'S SIGNATURE: Estella Williamson
25. FUNERAL DIRECTOR'S SIGNATURE: John Schumpert — ADDRESS: Hartville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 _____
Student Embalmer

Signed R U Barber

Licensed Embalmer No. 38 #8

P. O. Address Nth Grove, 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 this body is not embalmed, fact should be so stated above.