

pt. Health,
, & Welfare
S. Public
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v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-027804

STATE FILE NUMBER

FILED JUL 16 1959

Registration District No. 333

Primary Registration District No. 3074

Registrar's No. 120

1. PLACE OF DEATH a. COUNTY SCOTT COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY NEW MADRID		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SIKESTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN PORTAGEVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SHUELLT NURSING HOME		Length of stay in lb	d. STREET ADDRESS (If outside, give location) HIGHWAY 61		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last BARNEY B. CURTIS			4. DATE OF DEATH Month Day Year MAY 6 1959		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAR. 1 1896	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Waverly, Tenn.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME JACK CURTIS		13b. MOTHER'S MAIDEN NAME MARTHA ANN BUCHANAN		14. NAME OF HUSBAND OR WIFE	
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.	17. INFORMANT JIM DEE CURTIS Address HAYLI, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage					INTERVAL BETWEEN ONSET AND DEATH hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Fall ?					hrs.
DUE TO (c) Probable metastatic cancer					Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
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 _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Doctor or title) Thomas Mattrip MD			22b. ADDRESS Sikeston Mo		22c. DATE SIGNED June 20, 59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAY 8, 1959	23c. NAME OF CEMETERY OR CREMATORY PORTAGEVILLE CEMETERY		23d. LOCATION (City, town, or county) (State) PORTAGEVILLE, Mo.	
24. FUNERAL DIRECTOR DEBISLE FUNERAL HOME		ADDRESS PORTAGEVILLE, Mo.	25. DATE RECD. BY LOCAL REG. 7-8-59	26. REGISTRAR'S SIGNATURE Mrs. E. Mattrip	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Joseph A. English*

Licensed Embalmer No. 4481

P. O. Address. PORTAGEVILLE, 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.