URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ILED VS DEC 10 1959

59-043021
STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 219

1. PLACE OF DEATH
a. COUNTY Scott
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston
Length of stay in 1b: 10 mo
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 215 Edmonson
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY Scott
c. CITY OR TOWN Sikeston
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 215 Edmonson St
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: Nathan Middle: Earl Last: Kurts
4. DATE OF DEATH Month Day Year: 11-20-1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-22-1955
9. AGE (last birthday): 4
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baby
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): Ft. Campbell Ky
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Nathan Farris Kurts
13b. MOTHER'S MAIDEN NAME: Mary Frances Delashmit
14. NAME OF HUSBAND OR WIFE: —
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.: —
17. INFORMANT: N. F. Kurts Address: Sikeston Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Laryngeal Obstruction - Suffocation — INTERVAL BETWEEN ONSET AND DEATH: 15 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Laryngo Tracheo Bronchitis — 12 hrs.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Pneumonia - Pneumococcal
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 WORK ☐ NOT WHILE AT WORK ☐
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~~ on 11.20.59, to ____ and last saw her/him alive on ____
Death occurred at 7 30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Archie B. Smith M.D.
22b. ADDRESS: Sikeston Mo.
22c. DATE SIGNED: 11.30.59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11-22-59
23c. NAME OF CEMETERY OR CREMATORY: City
23d. LOCATION (City, town, or county) (State): Covington Tenn
24. FUNERAL DIRECTOR ADDRESS: Welch Funeral Home Sikeston Mo
25. DATE RECD. BY LOCAL REG.: 12-3-59
26. REGISTRAR'S SIGNATURE: Mrs Ella Hunter

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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 _____ Signed Raymond Crews

Signature of Student Embalmer

Licensed Embalmer No. 3467

P. O. Address Sikeston M

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