

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-008333**

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 294

AMENDED

**FILED APR 3 1961**

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Greene</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Springfield,</u>            |  | Length of stay in lb<br><u>3hrs</u>   | c. CITY OR TOWN <u>Springfield</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>                                   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>City Hospital</u> |  | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>410 W Tampa</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

|   |                                  |  |  |  |
|---|----------------------------------|--|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><u>Charles Leonard Curtis</u> |                                  |  | 4. DATE OF DEATH<br>Month Day Year<br><u>Mar. 23, 1961</u> |  |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>3-23-61</u>                         | 9. AGE (last birthday)<br>IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min.<br><u>3</u> |

|  |  |   |   |   |
|--|--|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Infant</u> |  | 10b. KIND OF BUSINESS OR INDUSTRY               | 11. BIRTHPLACE (City and state or country)<br><u>Springfield, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u> |
| 13a. FATHER'S NAME<br><u>Charles L. Curtis</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Kay Pickett</u> |   | 14. NAME OF HUSBAND OR WIFE<br><u>Mo.</u> |

|   |  |   |                       |
|---|--|---|-----------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u> | 16. SOCIAL SECURITY NO.<br><u>None</u> | 17. INFORMANT<br><u>Kay Curtis 410 W Tampa, Springfield</u> | Address<br><u>Mo.</u> |
|---|--|---|-----------------------|

|  |            |                                  |
|--|------------|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Prematurity</u> |            | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) |                                  |
|  | DUE TO (c) |                                  |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown |  |
|---|--|--|--|

|  |   |  |              |
|--|---|--|--------------|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input 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<br>Hour a.m. p.m.<br>Month, Day, Year                                | 20d. INJURY OCCURRED WHILE AT WORK <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/him alive on \_\_\_\_\_.  
Death occurred at 10:30 P.M. on the date stated above and to the best of my knowledge, from the causes stated.

|   |  |                                    |
|---|--|------------------------------------|
| 22a. SIGNATURE<br><u>Paul B. [Signature]</u> (Degree title) | 22b. ADDRESS<br><u>607 Professional Bldg</u> | 22c. DATE SIGNED<br><u>3/29/61</u> |
|---|--|------------------------------------|

|  |                             |   |  |
|--|-----------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>3-28-61</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Brushyknob</u> | 23d. LOCATION (City, town, or county) (State)<br><u>Brushyknob, Missouri</u> |
|--|-----------------------------|---|--|

|   |                           |                              |   |
|---|---------------------------|------------------------------|---|
| 24. FUNERAL DIRECTOR<br><u>Clinkingbeard Funeral Home, Ava, Mo.</u> | ADDRESS<br><u>2-20-61</u> | 25. DATE RECD. BY LOCAL REG. | 26. REGISTRAR'S SIGNATURE<br><u>Effie S. Melton</u> |
|---|---------------------------|------------------------------|---|

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

At the request of the family the body was not embalmed.

**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 Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Ava 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.