

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043126

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 579  
**FILED NOV 21 1962**

VS 300  
 Rev. 4/59-  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jasper</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>                   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Joplin</b>   |   | Length of stay in lb<br><b>Lifetime</b>   | c. CITY - OR TOWN <b>Joplin</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>310 East 20th Street</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>310 East 20th Street</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>DANNY GENE CURTIS</b>   |   |   | 4. DATE OF DEATH<br>Month Day Year<br><b>November 19, 1962</b>  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>4-25-1962</b>  |
| 9. AGE (last birthday)<br><b>6 mos</b>   |   | IF UNDER 1 YEAR<br>Months <b>6</b> Days <b>26</b>   | IF UNDER 24 HR<br>Hours <b>26</b> Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Infant</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><b>Joplin, Missouri</b>   |
| 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>  |   | 13. FATHER'S NAME<br><b>Joe William Curtis</b>  |   |
| 13b. MOTHER'S MAIDEN NAME<br><b>Janet Conduitt</b>   |   | 14. NAME OF HUSBAND OR WIFE<br><b>None</b>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |   | 16. SOCIAL SECURITY NO.<br><b>None</b>  | 17. INFORMANT<br><b>J. W. Curtis, 310 East 20th, Joplin, Mo.</b>  |
| 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) <b>Infant had been ill with a cold.</b><br>DUE TO (b) <b>No physician called. (Coroner notified and investigated, reported could have been pneumonia)</b><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) |   |   | INTERVAL BETWEEN ONSET AND DEATH  |
| 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"/> No <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.)<br><b>Infant found dead in bed by parents.</b>                 |   |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.  | 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<br><b>Joplin</b>   | COUNTY <b>Joplin</b> STATE <b>Missouri</b>  |
| 21. I attended the deceased from <b>Did not attend</b> , to _____ and last saw <sup>her</sup> / <sub>him</sub> alive on _____<br>Death occurred at <b>5:00 A. M.</b> _____ m on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |   |
| 22a. SIGNATURE (Degree or title)<br><b>Dove Merriam Registrar</b>  |   | 22b. ADDRESS<br><b>201 Joplin St., Joplin</b>   | 22c. DATE SIGNED<br><b>11/19/62</b><br>(State)  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>Nov. 21, 1962</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Seneca Cemetery</b>  | 23d. LOCATION (City, town, or county)<br><b>Seneca, Missouri</b>  |
| 24. FUNERAL DIRECTOR<br><b>Thornhill-Dillon Mortuary, Joplin, Mo.</b>  | ADDRESS   | 25. DATE RECD. BY LOCAL REG.<br><b>11-19-1962</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Dove Merriam</b>  |

**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 DAVID E DILLON, JR, Student Embalmer No. 679  
working under my personal supervision.

Student David E Dillon, Jr.  
Signature of Student Embalmer

Signed David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.