

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-019079  
STATE FILE NUMBER

FILED JUN 4 1959 Registration District No. Primary Registration District No. Registrar No. 5087

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Sedalia</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Louis-Little Rock Hosp., Inc.</b>				Length of stay in 1b <b>5 days</b>		d. STREET ADDRESS <b>1311 East 11th St.</b>	
3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>-</b> Last <b>Curtiss</b>				4. DATE OF DEATH Month <b>May</b> Day <b>25</b> Year <b>1959</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>May 28, 1896</b>		9. AGE (In years last birthday) <b>62</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Penstr. Shop Foreman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>		11. BIRTHPLACE (City and state or country) <b>Hughesville, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Lee Curtiss</b>		13b. MOTHER'S MAIDEN NAME <b>Dolly Crawford</b>		14. NAME OF DECEASED'S WIFE <b>Ida Mae Curtiss</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>702-16-1632</b>		17. INFORMANT <b>Ida Mae Curtiss, 1311 E. 11th St. Sedalia, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Atherosclerotic heart disease</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Diabetes mellitus</b> DUE TO (c) <b>Generalized arteriosclerosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) <b>260X</b>						INTERVAL BETWEEN ONSET AND DEATH.	
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.							
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 <b>May 21, 1959</b> , to <b>May 25, 1959</b> and last saw him alive on Death occurred at <b>5:00 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Dr. Bayl</b> (Degree or title)				22b. ADDRESS <b>1755 S. Grand Blvd.</b>		22c. DATE SIGNED <b>MAY 26 '59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>5-25-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Hill Cemet</b>		23d. LOCATION (City, town, or county) (State) <b>Sedalia, Mo.</b>		
24. FUNERAL DIRECTOR <b>McLaughlin, Sedalia, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>MAY 26 '59</b>		26. REGISTRAR'S SIGNATURE <b>Earl Smith, M.D.</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

6961-9 NCP

6961-9 NCP

Embalmer

Signature

Student

Signature

Signature

6961-9 NCP

Embalmer

Signature

Signature

6961-9 NCP

Embalmer

Signature

Signature

Signature

Signature

Signature

6961-9 NCP

# 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 \_\_\_\_\_

Licensed Embalmer No. 4375  
P.O. Address \_\_\_\_\_

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.