

FILED JUN 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15513

WRITe PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 513

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>	
c. LENGTH OF STAY (in this place) <b>20 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>532 W. LUNA</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Springfield Baptist Hosp.</b>			
3. NAME OF DECEASED a. (First) <b>ANNA MAYFIELD</b>		b. (Middle) <b>CURTIS</b>	
c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <b>June 8, 1949</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>APRIL 21, 1876</b>
9. AGE (In years last birthday) <b>73</b>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <b>INDIANA</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>William P. Curtis</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>UNKNOWN</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>CARL R. JOHNSON</b>		ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma Lt Kidney</b>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <b>11-12-48</b> <b>6-8-49</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b>		180X	
19a. DATE OF OPERATION <b>2/9/49</b>		19b. MAJOR FINDINGS OF OPERATION <b>X-Ray + Cystoscopy</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR _____			
22. I hereby certify that I attended the deceased from <b>11-12, 1948</b> , to <b>6-8, 1949</b> , that I last saw the deceased alive on <b>6-7, 1949</b> , and that death occurred at <b>6:00 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>C. E. Zeller M.D.</b>		23b. ADDRESS <b>609 Cherry Springfield Mo.</b>	
23c. DATE SIGNED <b>6-8-49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>6-10-49</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Greenlawn</b>		24d. LOCATION (City, town, or county) (State) <b>Springfield, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>6/9/49</b>		REGISTRAR'S SIGNATURE <b>W. E. Standley</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>W. ALMA Lohmeyer</b>		ADDRESS <b>FUNERAL HOME</b>	

JAN 18 1950

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.

Signed

*Jewell E. Kuddle*

Signed.....

Student Embalmer

Licensed Embalmer No. *2831*

P. O. Address *Springfield*

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 this body is not embalmed, fact should be so stated above.