

STANDARD CERTIFICATE OF DEATH

106
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REG. DIST. NO. 332 PRIMARY REG. DIST. NO. 6193 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Taney</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Ridgedale - no</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ridgedale - (diversity)</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bert</u> b. (Middle) <u>Conrad</u> c. (Last) <u>Curshaw</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-30-1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>March-3-1948</u>
9. AGE (In years last birthday) <u>1</u> IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Ridgedale MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Joe Curshaw</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Lee Curshaw</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Joe Curshaw</u> ADDRESS <u>Ridgedale MO</u>
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* <u>Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>had flu for about 2 weeks</u> DUE TO (c) - II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>480X</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY), (STATE) <u>None</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		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 <u>4-30-1949</u> , to <u>4-30-1949</u> , that I last saw the deceased <u>April 4-30-1949</u> , and that death occurred at <u>4:45 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Quincy Francis Quinn</u> (Degree or title)		23b. ADDRESS <u>Branson MO</u>	
23c. DATE SIGNED <u>4-30-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-1-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Centerville MO</u>		24d. LOCATION (City, town, or county) (State) <u>Blue Eye Stone MO</u>	
DATE REC'D BY LOCAL REG. <u>May 5-1949</u>		REGISTRAR'S SIGNATURE <u>J E Cogswell</u> 376	
25. FUNERAL DIRECTOR'S SIGNATURE <u>R O Wheelchel</u>		ADDRESS <u>Branson MO</u>	

RECEIVED

District Health Officer No. 6,

District File Number 549-550

Date Filed 5-23-49

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 _____

not embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Minnie L. Wheeler*

Licensed Embalmer No. 2277

P. O. Address *Drampton, N.C.*

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.