

FILED SEP 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32739

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 6154 Registrar's No. 45

1. PLACE OF DEATH  
a. COUNTY Stoddard  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Essex Richland  
c. LENGTH OF STAY (in this place) 50 yr.  
d. FULL NAME OF HOSPITAL OR INSTITUTION \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Stoddard  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Essex Rural Richland Twp.  
d. STREET ADDRESS (If rural, give location) Route 1

3. NAME OF DECEASED a. (First) Leo b. (Middle) \_\_\_\_\_ c. (Last) Curd 4. DATE OF DEATH (Month) (Day) (Year) Sept. 5, 1949

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Oct. 18, 1884 9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 24 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Farming 11. BIRTHPLACE (State or foreign country) White Co. Ill. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Curd 13b. MOTHER'S MAIDEN NAME Hattie Clark 14. NAME OF HUSBAND OR WIFE Carrie Curd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME Raymond Curd ADDRESS Essex, Mo. R. 1

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, asphyxia, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral hemorrhage MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 11 days  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 25 Aug, 1949, to 4 Sept, 1949, that I last saw the deceased alive on 4 Sept, 1949, and that death occurred at 4:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE J. L. Waddle M.D. (Degree or title) 23b. ADDRESS Dexter Mo 23c. DATE SIGNED 6 Sept 1949

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 9-6-49 24c. NAME OF CEMETERY OR CREMATORY Pleasant Valley Cem. 24d. LOCATION (City, town, or county) (State) Dexter, Mo. East Rural

DATE REC'D BY LOCAL REG. Sept 8-49 REGISTRAR'S SIGNATURE Rose Webber 25. FUNERAL DIRECTOR'S SIGNATURE Watkins Funeral Ser. ADDRESS Dexter, Mo.

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

0.300  
0.48

RECEIVED SEP 12 1944

District Health Office No. \_\_\_\_\_

District File Number 949-0

Date Filed \_\_\_\_\_

**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 .....  
Student Embalmer

Signed

*B. J. Brentlinger*

Licensed Embalmer No. 4201

P. O. Address

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