

FILED NOV 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34420

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5767 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE <u>Missouri</u> c. COUNTY <u>Marion Mo</u>	
b. CITY OR TOWN <u>Rural WARREN TOWNSHIP</u>		c. CITY OR TOWN <u>Rural WARREN TOWNSHIP</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MONROE CITY No R. 4</u>		d. STREET ADDRESS (If rural, give location) <u>MONROE CITY No R 4</u>	
3. NAME OF DECEASED a. (First) <u>Dollie</u> b. (Middle) <u>Mildred</u> c. (Last) <u>Curless</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 23, 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 2, 1903</u>
9. AGE (In years last birthday) <u>46.</u>		<u>8</u> Months <u>21</u> Days	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Fulton County, Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John W. Wilson</u>	
13b. MOTHER'S MAIDEN NAME <u>Lucinda GARRETT</u>		14. NAME OF HUSBAND OR WIFE <u>Charles D. Curless</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Dewey Curless</u> ADDRESS <u>Monroe City 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* (a) <u>CEREBRAL HEMORRHAGE</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Heart Disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPTSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>11-HRS.</u>	
21a. ACCIDENT SUICIDE (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) m.	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>Sept 27, 1949</u> to <u>Oct 23, 1949</u> , that I last saw the deceased alive on <u>Oct. 23, 1949</u> , and that death occurred at <u>8 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Harold J. Ellis, D.O.</u>		23b. ADDRESS <u>Monroe City - Mo</u>	23c. DATE SIGNED <u>10-24-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVED</u>	24b. DATE <u>10-25-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SUMMUM CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>SUMMUM ILLINOIS</u>
DATE REC'D BY LOCAL REG. <u>10/29/49</u>	REGISTRAR'S SIGNATURE <u>Dr. E. M. Luch</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilson & Son's</u> ADDRESS <u>Monroe City, Mo</u>	

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

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 me

Student Embalmer No.

working under my personal supervision.

Signed Leslie L. Wilson

Signed
Student Embalmer

Licensed Embalmer No. 3014

P. O. Address Memor City Md

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.