

FILED FEB 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 700

BIRTH NO. 1134-50 REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 5422 Registrar's No. 14

1350  
1

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

1. PLACE OF DEATH a. COUNTY <u>DeKalb</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> COUNTY <u>DeKalb</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett Ind Sup.</u>		c. LENGTH OF STAY (in this place) <u>7 hrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett Ind Sup</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural # 2</u>			d. STREET ADDRESS (If rural, give location) <u>R-2</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Gordine</u> b. (Middle) <u>=</u> c. (Last) <u>Curtis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 27-1950</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>X</u>	8. DATE OF BIRTH <u>Jan 27-1950</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>X</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Kennett, Mo. R# 2</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>Bobbie Curtis</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Brinkley</u>	14. NAME OF HUSBAND OR WIFE <u>X</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>X</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bobbie Curtis</u>	ADDRESS <u>Kennett, Mo. R-2</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PREMATURE BIRTH</u>		DUE TO (b) <u>26 WEEKS GESTATION</u>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>776X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1-26, 1950, to 1-27, 1950, that I last saw the deceased alive on 1-26, 1950, and that death occurred at 1:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>George Gilmore, D.O.</u>	(Degree or title)	23b. ADDRESS <u>Kennett, Mo.</u>	23c. DATE SIGNED <u>1-28-50</u>
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24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 28-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>McCurley</u>	24d. LOCATION (City, town, or county) (State) <u>Kennett Mo Rural</u>
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DATE REC'D BY LOCAL REG. <u>Jan 28-50</u>	REGISTRAR'S SIGNATURE <u>Carl Husband</u>	90	25. FUNERAL DIRECTOR'S SIGNATURE <u>Leitz Service</u>	ADDRESS <u>Kennett, Mo.</u>
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Rec. DUNKLIN COUNTY HEALTH DEPARTMENT  
KENNETT, MISSOURI 1-30-50

County File No. 150-35

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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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

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