S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29935

State File No.

BIRTH NO. REG. DIST. NO. 115 PRIMARY REG. DIST. NO. 5433 Registrar's No.

1. PLACE OF DEATH
a. COUNTY: FRANKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): UNION R. R
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 50 6 mi west of Union

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 7012 Forsythe Blvd.

4346

3. NAME OF DECEASED (Type or Print)
a. (First): JUANITA
b. (Middle):
c. (Last): CURTIS

4. DATE OF DEATH (Month) (Day) (Year): 9 / 1 / 50

5. SEX: FEMALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Sept 18, 1924
9. AGE (In years last birthday): 25 — If under 1 year: Months 11, Days 13 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Book Keeping
10b. KIND OF BUSINESS OR INDUSTRY: Government
11. BIRTHPLACE (State or foreign country): Pemiscott County
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: G. D. Curtis
13b. MOTHER'S MAIDEN NAME: Myrtle P. Lofton
14. NAME OF HUSBAND OR WIFE:

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: G. D. Curtis
ADDRESS: Rt. 1, Hayti Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) AUTO ACCIDENT — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — FRACTURE NECK

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) FRACTURE JAW

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HIGHWAY 50
21c. ~~(CITY, TOWN, OR~~ TOWNSHIP) (COUNTY) (STATE): UNION TWP FRANKLIN Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: WENT OVER EMBANKMENT
AUTO ACCIDENT

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* Sept. 1, 1950, *and that death occurred at* 4:10 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Theo. P. Shoffner (Degree or title) Coroner
23b. ADDRESS: Sullivan Mo
23c. DATE SIGNED: 9/1/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9/2/1950
24c. NAME OF CEMETERY OR CREMATORY: Maple Cemetery
24d. LOCATION (City, town, or county) (State): Carutherseville Missouri

DATE REC'D BY LOCAL REG.: Sept 18, 1950
REGISTRAR'S SIGNATURE: H. J. Cooper 98
25. FUNERAL DIRECTOR'S SIGNATURE: H. S. Smith Funeral Home
ADDRESS: Carutherseville Missouri

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
SEP 11 1950
DISTRICT HEALTH OFFICE No. 4
File No. .....

SEP 20 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 .....

working under my personal supervision.

Student Embalmer No. .....

Signed E. H. Oltmann

Signed .....
Student Embalmer

Licensed Embalmer No. 1686

P. O. Address Marion Ind.

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.