

No. 300
10.48
2840

FILED APR 9 1951

STANDARD CERTIFICATE OF DEATH

State File No. 9619

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4424 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Nebraska b. COUNTY Otoe	
b. CITY (If outside corporate limits, write RURAL and give township) Humansville		c. CITY (If outside corporate limits, write RURAL and give township) Nebraska City	
c. LENGTH OF STAY (In this place) 4 months		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Geo. Dimmitt Mem. Hospital			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Joseph	b. (Middle) Clayton	c. (Last) Curl	(Month) 3	(Day) 29	(Year) 51

5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 27 1875	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 0	IF UNDER 10 HRS. Hours 0	IF UNDER 15 MIN. Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant		10b. KIND OF BUSINESS OR INDUSTRY Filling Station		11. BIRTHPLACE (State or foreign country) Dunnegab Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME George Curl		13b. MOTHER'S MAIDEN NAME Rachel Fox		14. NAME OF HUSBAND OR WIFE Minerva Curl	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME Mrs Jesse Adams Plattsmouth, Neb.	
				ADDRESS	

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		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Chronic Myocarditis			
ANTECEDENT CAUSES		DUE TO (b)			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		Permeasis anemia			
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. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
				4222	

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)	
				Humansville, Mo. Cedar County Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 September, 1950, to 3-29, 1951 that I last saw the deceased alive on 3-29, 1951, and that death occurred at 1:40 pm., from the causes and on the date stated above.

23a. SIGNATURE R. Robinson		23b. ADDRESS Humansville, Mo.		23c. DATE SIGNED 3/30/51	

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-31-51		24c. NAME OF CEMETERY OR CREMATORY Lindley Prairie Cem.		24d. LOCATION (City, town, or county) (State) Cedar County, Missouri	
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DATE REC'D BY LOCAL REG. Mar. 31, 1951		REGISTRAR'S SIGNATURE Ralph Gordon		25. FUNERAL DIRECTOR'S SIGNATURE Primm Funeral Home		ADDRESS Humansville	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED APR 5 1951

Dist. File 451-720

Date Filed 4-5-51

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.....
Student Embalmer

Signed O. H. Beskeith.....

Licensed Embalmer No. 3987.....

P. O. Address Humansville.....

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.