

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13144

State File No. ....

FILED MAY 7 1951

No. 300  
V. 10.48

550

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 3037 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Vernon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>0550</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>523 E. Pleasant</u>		d. STREET ADDRESS (If rural, give location) <u>near Mt. Vernon</u>	
3. NAME OF DECEASED a. (First) <u>EMMA</u> b. (Middle) <u>E</u> c. (Last) <u>CURTIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 29 1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov 11 1870</u>
9. AGE (In years last birthday) <u>81</u>		10. MONTHS <u>1</u>	11. DAYS <u>18</u>
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>Neatonville Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>W. B. Neace</u>	
13b. MOTHER'S MAIDEN NAME <u>Sarah Ramsey</u>		14. NAME OF HUSBAND OR WIFE <u>James A. Curtis</u>	
15. WAS DECEASED IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ceil W. Neace</u>		ADDRESS <u>Mt. Vernon Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Smility with asthma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>will to die</u> DUE TO (c) <u>fatal cardiac muscular renal collapse</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic bronchitis + arteriosclerosis</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none informed</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) <u>442 X</u>	
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 <u>July</u> , 1944, to <u>April 29</u> , 1951, that I last saw the deceased alive on <u>April 29</u> , 1951, and that death occurred at <u>11:17 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Stanley Hayward</u> (Degree or title) <u>DO</u>		23b. ADDRESS <u>Mt. Vernon Mo</u>	
23c. DATE SIGNED <u>May 1 1951</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	
24b. DATE <u>5-1-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Mt. Vernon MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. L. Lassett</u>	
DATE REC'D BY LOCAL REG. <u>May 1 1951</u>		REGISTRAR'S SIGNATURE <u>Cecil Hendricks</u> ADDRESS <u>Mt. Vernon MO</u>	

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

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED MAY 2 1951

Dist. File 351-959

Date Filed 5-2-51

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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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed H. H. Lozett

Licensed Embalmer No. 2201

P. O. Address St. Vernon, 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.