

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36217**

FILED OCT 20 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **37K** PRIMARY REG. DIST. NO. **4552** Registrar's No. \_\_\_\_\_

141  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>WRIGHT</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>WRIGHT</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MTN. GROVE</b>	c. LENGTH OF STAY (in this place) <b>10 YRS</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MTN. GROVE 1141</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MTN. GROVE GENERAL HOSP.</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>LOIS</b> b. (Middle) <b>IRENE</b> c. (Last) <b>CURTIS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>OCT. 18 1951</b>
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5. SEX <b>F.</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED</b>	8. DATE OF BIRTH <b>3-4-20</b>	9. AGE (In years last birthday) <b>31</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	11. BIRTHPLACE (State or foreign country) <b>Mont PELIER, OHIO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.P.</b>
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13a. FATHER'S NAME <b>HURLEY MIDDLETON</b>	13b. MOTHER'S MAIDEN NAME <b>FLORA WYRECK</b>	14. NAME OF HUSBAND OR WIFE <b>ALVA CURTIS</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>1</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Robert Middleton</b> ADDRESS <b>Mont Home</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Medicinal Certification</b> <b>Pneumonia Embolism</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 hr. 10 min</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pregnancy</b>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cesarean Section</b>			

19a. DATE OF OPERATION <b>10-13-51</b>	19b. MAJOR FINDINGS OF OPERATION <b>6605</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute) (Second) m.	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 \_\_\_\_\_, 19**51**, to **10-13-**, 19**51**, that I last saw the deceased alive on **10-13**, 19**51**, and that death occurred at **11:5 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>R.G. Mitchell</b> (Degree or title) <b>D.O.</b>	23b. ADDRESS <b>Mtn. Grove, Missouri</b>	23c. DATE SIGNED <b>10-16-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>10/16/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Halleret</b>	24d. LOCATION (City, town, or county) (State) <b>Mtn. Grove Mo.</b>
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DATE REC'D BY LOCAL REG. _____	REGISTRAR'S SIGNATURE <b>343</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ruth Barber</b> ADDRESS <b>Mtn. Grove</b>
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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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed *R. W. Barber*

Licensed Embalmer No. 3848

P. O. Address Intn. Home, 2

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.