

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4487

FILED MAR 3 1952

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>210</u>			
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dunklin</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. LENGTH OF STAY (in this place) <u>18 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		<u>1952</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>206 Curry</u>				d. STREET ADDRESS (If rural, give location) <u>206 Curry St</u>					
3. NAME OF DECEASED a. (First) <u>Fred</u> b. (Middle) <u>Richard</u> c. (Last) <u>Curtain Sr.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 4 - 1952</u>						
5. SEX <u>male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH (last birthday) <u>July 23 - 1896</u>			
9. AGE (In years) <u>55</u>		10. MONTHS <u>6</u>		11. DAYS <u>11</u>		12. HOURS <u></u> MIN. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u></u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Ohio County, Tenn.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Henry L. Curtain</u>		13b. MOTHER'S MAIDEN NAME <u>Lula Alice Cook</u>		14. NAME OF HUSBAND OR WIFE <u>Edna Curtain</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>424-049243</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edna Curtain</u>				ADDRESS <u>Kennett Mo</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>7 day</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</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)					
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>27 Jan, 1952</u> to <u>4 Feb, 1952</u> , that I last saw the deceased alive on <u>4 Feb, 1952</u> , and that death occurred at <u>4:25 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>James B. Cooper M.D.</u>				23b. ADDRESS <u>Kennett Mo</u>				23c. DATE SIGNED <u>2-6-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>2-6-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Our Ridge Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>2-7-52</u>		REGISTRAR'S SIGNATURE <u>Carl H. Hubbard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Loth Service</u>		ADDRESS <u>Kennett Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT.....2-8-52.....
COUNTY FILE NUMBER 252-46.....

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

Edgar Lee Ford

Licensed Embalmer No. 4423

P. O. Address Kennett 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.