

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2167**

S. No. 300  
V. 10. 48

FILED APR 7 1952

0013

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

BIRTH NO. _____		REG. DIST. NO. <b>1</b>	PRIMARY REG. DIST. NO. <b>3000</b>	Registrar's No. <b>129</b>
1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>Adair</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirksville</b>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirksville</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>		d. STREET ADDRESS (If rural, give location) <b>615 N. Mulanix St.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>K.</b> c. (Last) <b>Curtis</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 31 52</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 27, 1872</b>	9. AGE (In years) (If under 1 year: Months) (If under 12 hrs.: Days) (Hours) (Min.) <b>79</b>
10a. USUAL OCCUPATION (Give kind of work done during past 12 months, if any) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Macon Co. Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Jackson Curtis</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Kassinger</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. William K. Curtis</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <b>No</b> (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. William K. Curtis Kirksville MO.</b>	
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) <b>Sepsis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Dry gangrene both legs</b> DUE TO (c) <b>Arteriosclerosis obliterans</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes Mellitus</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b> <b>1 mo.</b> <b>years</b> <b>years</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 <b>March 29, 1952</b> to <b>March 31, 1952</b> , that I last saw the deceased alive on <b>March 29, 1952</b> , and that death occurred at <b>12:25 p.m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <b>Dr. G. G. Gutzman</b>		23b. ADDRESS <b>Tribeville MO.</b>	23c. DATE SIGNED <b>4-2-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>April 1, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>LaPlata Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>LaPlata Mo.</b>	
DATE REC'D BY LOCAL REG. <b>4-2-52</b>	REGISTRAR'S SIGNATURE <b>Hate Lambert</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Randolph Davis - Kirksville</b>		

**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

*Donald L Roberts*

Licensed Embalmer No. *4722*

P. O. Address *Ferksville 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.