

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29495

State File No.

FILED AUG 31 1953

BIRTH NO. 53755 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5906 Registrar's No. 134

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

1. PLACE OF DEATH a. COUNTY Pemiscot			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death) a. STATE Missouri b. COUNTY Pemiscot		
b. CITY (If outside corporate limits, write RURAL and give town) Rural Little River		c. LENGTH OF STAY (In this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) Rural Little River		d. STREET ADDRESS (If rural, give location) Rural Route 1
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Route 1			d. STREET ADDRESS (If rural, give location) Rural Route 1		
3. NAME OF DECEASED a. (First) George		b. (Middle) Wesley	c. (Last) Curtis	4. DATE OF DEATH (Month) (Day) (Year) Aug. 22, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Enfant	8. DATE OF BIRTH July 31, 1953	9. AGE (In years last birthday) 0	10. UNDER 1 YEAR (Months) 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Enfant	10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (State or foreign country) Hayti, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Ray Curtis		13b. MOTHER'S MAIDEN NAME Edna Garrard		14. NAME OF HUSBAND OR WIFE X	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ray Curtis Wardell, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart Defect. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) With Pulmonary Hemorrhage DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			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) 7710			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 Aug 22, 1953 , to Aug 22, 1953 , that I last saw the deceased alive on NO 19, and that death occurred at 4:30 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE Dr. Claude H. Whistler, D.O.		23b. ADDRESS Wardell, Mo.		23c. DATE SIGNED 8-24-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-22-53	24c. NAME OF CEMETERY OR CREMATORY Wardell Memorial	24d. LOCATION (City, town, or county) (State) Wardell, Mo.		
DATE REC'D BY LOCAL REG. 8-25-53	REGISTRAR'S SIGNATURE John H. Gleason	25. FUNERAL DIRECTOR'S SIGNATURE Osburn Funeral Home, Wardell, Mo.	ADDRESS Wardell, Mo.		

8-274-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

AUG 28 1953

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

James A. Fabern

Signed.....
Student Embalmer

Licensed Embalmer No. 4185

P. O. Address Wardell, 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.