

STANDARD CERTIFICATE OF DEATH

State File No. 32732

BIRTH NO. _____ REG. DIST. NO. 299 PRIMARY REG. DIST. NO. 6022 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <i>Rayville Richmond</i>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rayville	
c. LENGTH OF STAY (In this place) 1 month		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED (Type or Print) a. (First) ROBERT		b. (Middle) WILLIAM	
c. (Last) CURL, JR.		4. DATE OF DEATH (Month) (Day) (Year) Sept. 30, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH July 16, 1953
9. AGE (In years last birthday) ---	10. UNDER 1 YEAR Months 2	11. UNDER 1 YEAR Days 14	12. UNDER 1 YEAR Hours ---
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Robert W. Curl, sr.		13b. MOTHER'S MAIDEN NAME Myrtle Francis Fleshman	
14. NAME OF HUSBAND OR WIFE _____		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. None		17. INFORMANT'S SIGNATURE OR NAME Robert W. Curl, Jr., Rayville, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Dilatation</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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) _____	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:30a.m., from the causes and on the date stated above.	
23a. SIGNATURE <i>E. B. Gray MD</i>		23b. ADDRESS <i>Richmond</i>	
23c. DATE SIGNED 10-1-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Oct. 1, 1953		24c. NAME OF CEMETERY OR CREMATORY Crowley Cemetery	
24d. LOCATION (City, town, or county) (State) Rayville, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE <i>Thurman</i>	
25. ADDRESS <i>Thurman Funeral Home</i>		25. ADDRESS <i>Richmond, Mo.</i>	
DATE REC'D BY LOCAL REG. Oct. 2, 1953		REGISTRAR'S SIGNATURE <i>Mabel Jackson</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Thurman</i>		25. ADDRESS <i>Richmond, Mo.</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

0, 300
0.48

90

41067-53
FILED OCT 6-1953

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, by

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Wm. L. Thurman

Licensed Embalmer No. 1563

P. O. Address Richmond, 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.