

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8260**
Registrar's No. **327**

FILED APR 5 1954
BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" Union	
d. FULL NAME OF HOSPITAL OR INSTITUTION Baptist Hospital		d. STREET ADDRESS (If rural, give location) Route #1, Billings	

3. NAME OF DECEASED (Type or Print)	a. (First) DAVID	b. (Middle) McKINLEY	c. (Last) CURBOW	4. DATE OF DEATH (Month) (Day) (Year) March 28-1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 8-1893	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Days 11	IF UNDER 1 YEAR Hours 20	IF UNDER 1 MIN. Hours 0	12. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (State or foreign country) Stone County, Missouri				

13a. FATHER'S NAME Joseph H. Curbow	13b. MOTHER'S MAIDEN NAME Sarah Bookout	14. NAME OF HUSBAND OR WIFE Reitha Wright Curbow
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 493-14-0440	17. INFORMANT'S SIGNATURE OR NAME Mrs. Reitha Curbow, Rt. 1, Billings, Mo.	ADDRESS Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery Thrombosis		2 days
	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. Hodgkins Disease.			3 mos.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201H	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)	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 **Feb. 1954** to **Mar. 28, 1954**, that I last saw the deceased alive on **Feb. 26, 1954**, and that death occurred at **1015 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Samuel Paul (Degree or title) md	23b. ADDRESS Springfield, Mo.	23c. DATE SIGNED 3-29-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-31-1954	24c. NAME OF CEMETERY OR CREMATORY Delaware Cemetery	24d. LOCATION (City, town, or county) (State) Christian Co., Missouri
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DATE REC'D BY LOCAL REG. 4-2-54	REGISTRAR'S SIGNATURE Edith Williams	25. FUNERAL DIRECTOR'S SIGNATURE John Dean Harris	ADDRESS Clever, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

John Alean Harris

Licensed Embalmer No. 4390

P. O. Address _____

Clever, 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.