No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41769

FILED DEC 27 1954

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 4340 Registrar's No. 56

0690
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1. PLACE OF DEATH
a. COUNTY: MONROE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): STOUTSVILLE
c. LENGTH OF STAY (in this place): 2 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Stoutsville, Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MONRO E
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): STOUTSVILLE 0690
d. STREET ADDRESS (If rural, give location): STOUTSVILLE, MO

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): JAMES
c. (Last): CURTIS

4. DATE OF DEATH (Month) DEC (Day) 19 (Year) 1954

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED 0
8. DATE OF BIRTH: DEC ", 1884
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days 17 — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (RET)
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): JACKSONVILLE, MISSOURI 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JAMES CURTIS
13b. MOTHER'S MAIDEN NAME: CATHERINE FIELDS
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.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Richard Curtis Stoutsville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) FRACTURE SKULL & CHEST INJURY — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) STRUCK BY WABASH Fraight Train.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

EYES 2
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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): RAIL ROAD Crossing
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): STOUTSVILLE 069 Monroe MISSOURI

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): DECEMBER 19th 1954 ABOUT 445 AM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
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* ABOUT 445 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Russell M Wilson Coroner
23b. ADDRESS: Monroe City Mo
23c. DATE SIGNED: 12/20/54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12-21-54
24c. NAME OF CEMETERY OR CREMATORY: St Stephens Cemetery
24d. LOCATION (City, town, or county) (State): Monroe City, Mo R.F.D.

DATE REC'D BY LOCAL REG.: 12.24.54
REGISTRAR'S SIGNATURE: F. A. Barnett, M.D. 435-1
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Wilson & Sons Monroe City, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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JAN 11 1955

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 Me

Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Leslie L. Tilley

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.