

FILED FEB 14 1955

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 151

|  |  |  |   |
|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Buchanan</u> <u>6</u>                                |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u> |  | c. CITY OR TOWN <u>Oregon</u>  | d. In residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) <u>2 days</u>  |  | e. STREET ADDRESS (If rural, give location) <u>0440</u>  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Metho. Hospital</u>                     |  |  |   |

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>SETH</u> b. (Middle) _____ c. (Last) <u>CURTIS</u> |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>FEB 4, 1955</u> |  |  |
|--|--|--|---|--|--|

|                    |                               |   |                                      |  |  |
|--------------------|-------------------------------|---|--------------------------------------|--|--|
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>Dec 14, 1866</u> | 9. AGE (In years last birthday) <u>88</u><br>if under 1 year: Months _____ Days _____<br>if under 6 mos.: Hours _____ Min. _____ |  |
|--------------------|-------------------------------|---|--------------------------------------|--|--|

|  |  |   |   |
|--|--|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Wiring Contractor</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Near Oregon, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|--|--|---|---|

|  |  |  |
|--|--|--|
| 13a. FATHER'S NAME <u>James Curtis</u> | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Cottier</u> | 14. NAME OF HUSBAND OR WIFE <u>Mary Elizabeth Curtis</u> |
|--|--|--|

|   |  |  |               |
|---|--|--|---------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Fred Campbell, Oregon, Mo.</u> | ADDRESS _____ |
|---|--|--|---------------|

|  |   |  |   |
|--|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 days</u><br><br><u>?</u> |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary infarction</u>   |  |   |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Arteriosclerosis, general</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>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)<br><u>4201</u> |
| 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 Feb 2, 1955, to Feb 4, 1955, that I last saw the deceased alive on Feb 4, 1955, and that death occurred at 5 PM m., from the causes and on the date stated above.

|   |  |                                |
|---|--|--------------------------------|
| 23a. SIGNATURE (Degree or title) <u>T. L. Howden M.D.</u> | 23b. ADDRESS <u>620 Francis St., St. Joseph, Mo.</u> | 23c. DATE SIGNED <u>2-7-55</u> |
|---|--|--------------------------------|

|   |                              |   |   |
|---|------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>Feb 6, 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Oregon Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Oregon, Missouri</u> |
|---|------------------------------|---|---|

|  |  |     |  |                          |
|--|--|-----|--|--------------------------|
| DATE REC'D BY LOCAL REG. <u>Feb 11, 1955</u> | REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u> | 485 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Pettigrew</u> | ADDRESS <u>Oregon Mo</u> |
|--|--|-----|--|--------------------------|

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.....  
Signature of Student Embalmer

Signed..... *James H. Pettigrew*  
Licensed Embalmer No. *3192*  
P. O. Address *Oregon 9*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.