

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 6 1956

State File No. **41952**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10884**

1. PLACE OF DEATH
a. COUNTY _____ 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **Greene**

b. CITY OR TOWN **St. Louis, Missouri** c. LENGTH OF STAY (in this place) **53 days**
c. CITY OR TOWN **Springfield, Mo.** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Frisco Employes' Hospital**
STREET ADDRESS (If rural, give location) **734 East Commercial**

3. NAME OF DECEASED a. (First) **Homer** b. (Middle) **Theodore** c. (Last) **Curnutt** 4. DATE OF DEATH (Month) (Day) (Year) **12 12 55**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Oct. 30, 1902** 9. AGE (In years last birthday) **53** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Frog Repair** 10b. KIND OF BUSINESS OR INDUSTRY **Railroad** 11. BIRTHPLACE (City and State or Foreign Country) **Strafford, Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **Greenberry Curnutt** 13b. MOTHER'S MAIDEN NAME **Lyda Houston** 14. NAME OF HUSBAND OR WIFE **Lela May Curnutt**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or date of service) 16. SOCIAL SECURITY NO. **702-03-9460** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Lela May Curnutt, Springfield, Mo.** ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Adenocarcinoma of splenic flexure of colon with metastases to lung and brain.** INTERVAL BETWEEN ONSET AND DEATH **Aug., 52**
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES 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 **None** 19b. MAJOR FINDINGS OF OPERATION **None** 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **None** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **153 x**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 **Oct. 21, 1955**, to **Dec. 12, 1955**, that I last saw the deceased alive on **Dec. 12, 1955**, and that death occurred at **1:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE **V. W. Hollo, M.D.** (Degree or title) **D** 23b. ADDRESS **4960 Laclede Avenue St. Louis, Missouri** 23c. DATE SIGNED **12-12-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **12-12-55** 24c. NAME OF CEMETERY OR CREMATORY _____ 24d. LOCATION (City, town, or county) (State) **Springfield, Mo.**

DATE REC'D BY LOCAL REG. **DEC 12 1955** REGISTRAR'S SIGNATURE **J. Carl Smith, M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Albert H. Hoppe** ADDRESS **4700 Washington Blvd.**

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 6 1956

FEB 21 1957

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 *John S. Denny*.....
Licensed Embalmer No.....

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.