

FILED FEB 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3775**

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3085 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Westpoint Twp.		c. CITY OR TOWN Rural Westpoint Twp	d. Is Residence within limits of a city or incorporated town? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 55 yrs		e. STREET ADDRESS (If rural, give location) 007th	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Isabel b. (Middle) Miller c. (Last) Miller			4. DATE OF DEATH (Month) (Day) (Year) 2-16-56		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 4-29-884		9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months 9 Days 17 IF UNDER 24 HRS. Hours 17 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Curnutte		13b. MOTHER'S MAIDEN NAME Elizabeth Skeens		14. NAME OF HUSBAND OR WIFE deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bayard Curnutte Amsterdam, M.	

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Paralysis Agitans		INTERVAL BETWEEN ONSET AND DEATH 10 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. 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) (m.)	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 1946 to Feb 16, 1956, that I last saw the deceased alive on Feb 13, 1956, and that death occurred at 9 p. m., from the causes and on the date stated above.

23a. SIGNATURE Bayard Curnutte m. D. (Degree or title)		23b. ADDRESS Drexel Mo		23c. DATE SIGNED 2/18 '56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-18-56	24c. NAME OF CEMETERY OR CREMATORY Westpoint Cemetery	24d. LOCATION (City, town, or county) (State) Bates Co. Mo.		

DATE REC'D BY LOCAL REG. 2-18-56	REGISTRAR'S SIGNATURE Randall Kering	17 - 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Archer & Mengold Amsterdam, Mo.
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(Recorded Embalmer's Statement on Reverse Side)

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

FEB 7 1958

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..... Robert L. Mangold
Licensed Embalmer No. 497

P. O. Address..... P. O. Box, ...

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.