

FILED APR 9 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8846

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY Crundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Mercer	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton		c. CITY OR TOWN Hill Grove, Mo.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 2 hrs.		STREET ADDRESS (If rural, give location) 2651	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Wright Memorial Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Perry b. (Middle) C c. (Last) Curtis			4. DATE OF DEATH (Month) (Day) (Year) March 28, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH March 18, 1874		9. AGE (In years last birthday) 82 If UNDER 1 YEAR Months _____ Days _____ If UNDER 24 HRS. Hour _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Mercer Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Calvin Curtis	13b. MOTHER'S MAIDEN NAME Helsie Cook	14. NAME OF HUSBAND OR WIFE
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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. no	17. INFORMANT'S SIGNATURE OR NAME Ottowell Curtis ADDRESS Hill Grove, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 50 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion with Myocardial Infarction		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Generalized Arteriosclerosis		
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. Treated with general anesthesia for 6 weeks plus			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Arteriosclerosis of aorta	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 **Jan. 13, 1956**, to **March 25, 1956** that I last saw the deceased alive on **March 28, 1956** and that death occurred at **5:30 pm.**, from the causes and on the date stated above.

23a. SIGNATURE William Ellsworth, M.D. (Degree or title)	23b. ADDRESS Cainsville, Mo.	23c. DATE SIGNED 3/31/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 3-30-56	24c. NAME OF CEMETERY OR CREMATORY Payne Ceme.	24d. LOCATION (City, town, or county) (State) Mercer Co. Mo.
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DATE REC'D BY LOCAL REG. 4-3-56	REGISTRAR'S SIGNATURE Gene Fack	25. FUNERAL DIRECTOR'S SIGNATURE • ADDRESS Martin Funeral Home Princeton, Mo
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Evan Martin

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..... *John Martini*.....

Licensed Embalmer No. *3260*.....

P. O. Address *Princeton,*.....

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.