

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **21271**

No. 300  
10-48

**FILED JUL 10 1956**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **229** PRIMARY REG. DIST. NO. **4343** Registrar's No. **44**

1. PLACE OF DEATH a. COUNTY <b>Montgomery</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> COUNTY <b>Montgomery</b>	
b. CITY OR TOWN <b>New Florence Mo</b>		c. CITY OR TOWN <b>New Florence Mo</b>	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>		e. STREET ADDRESS (If rural, give location) <b>none</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Floy</b>	b. (Middle) <b>M.</b>	c. (Last) <b>Curtis</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>6-29-56</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>12-18-1889</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Danville Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
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13a. FATHER'S NAME <b>William Clark</b>	13b. MOTHER'S MAIDEN NAME <b>Martha Telkins</b>	14. NAME OF HUSBAND OR WIFE <b>Charles Curtis "Decd"</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Horace Clark</b>	ADDRESS <b>St Louis Mo</b>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Myocarditis</b>		<b>6 hrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Haemorrhage</b> DUE TO (c) <b>Arteriosclerosis</b>		<b>25 days</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Nephritis</b>			<b>6 yrs</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 **4-3**, 19**52**, to **6-29**, 19**56**, that I last saw the deceased alive on **6-27**, 19**56**, and that death occurred at **4P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>James O. Helm</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>New Florence Mo</b>	23c. DATE SIGNED <b>6-30-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-2-56</b>	24c. NAME OF CEMETERY OR BURIAL PLACE <b>New Florence Cem</b>	24d. LOCATION (City, town, or county) (State) <b>New Florence Mo</b>
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DATE REC'D BY LOCAL REG. <b>July 2 1956</b>	REGISTRAR'S SIGNATURE <b>Laura B. Callaway</b>	HEALTH DEPARTMENT DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>MONTGOMERY CITY MO</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

9961 & B. 1121

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~~ on the 29<sup>th</sup> day of June 1956, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
C. W. Hopkins

Licensed Embalmer No. I487  
Montgomery City Mo  
P. O. Address.....

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.