

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2268

FILED FEB 4 1957

State File No.

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5923 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia-Cedar</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia-Cedar</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. F. D. # 43 mi. N.E. of Sedalia</u>		d. STREET ADDRESS (If rural, give location) <u>R. F. D. # 4-3 mi. N.E. of Sedalia</u>	

3. NAME OF DECEASED (Type or Print) <u>Wilson</u>	a. (First)	b. (Middle)	c. (Last) <u>Curd, Sr.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 30, 1957</u>
---------------------------------------------------	------------	-------------	----------------------------	------------------------------------------------------------

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 7, 1872</u>	9. AGE (In years last birthday) <u>84 yr.</u>	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) <u>Farmer (RET.)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Self-Employed</u>	11. BIRTHPLACE (State or foreign country) <u>Pettis County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------	--------------------------------------------------------------------------	--------------------------------------------

13a. FATHER'S NAME <u>Henry Curd</u>	13b. MOTHER'S MAIDEN NAME <u>Laura Leagan</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Annie Curd</u>
--------------------------------------	-----------------------------------------------	----------------------------------------------------

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

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		<u>undet.</u>
	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 <u>332X</u>	20. AUTOPSY? <u>2</u> 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)	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 November 1955, to Jan. 30, 1957, that I last saw the deceased alive on Jan. 29, 1957, and that death occurred at 8:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. E. J. Reynolds, M.D.</u>	(Degree or title)	23b. ADDRESS <u>104 1/2 W. - Sedalia, Mo.</u>	23c. DATE SIGNED <u>2-1-57</u>
------------------------------------------------	-------------------	-----------------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 4, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Georgetown Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Georgetown Mo.</u>
---------------------------------------------------------	-------------------------------	---------------------------------------------------------------	---------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>2-2-57</u>	REGISTRAR'S SIGNATURE <u>L. J. ... Deputy</u>	25. FEDERAL DIRECTOR'S SIGNATURE <u>W. C. Cooper</u>	ADDRESS <u>400 W. Cooper</u>
----------------------------------------	-----------------------------------------------	------------------------------------------------------	------------------------------

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

MAR 12 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 _____

working under my personal supervision. _____
Student Embalmer No. _____

Student _____
Student Embalmer

Signed *Thrice Alexander*

Licensed Embalmer No. *4245*

P. O. Address *Sedalia Mo.*

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 this body is not embalmed, fact should be so stated above.