

FILED MAR 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5616

BIRTH NO. 8313-57/124

REG. DIST. NO. 287

PRIMARY REG. DIST. NO. 5825

Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Como, Rural</u>		c. LENGTH OF STAY (In this place) <u>66 min</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Como, Rural</u> 0920		d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Patrick</u> b. (Middle) <u>Dale</u> c. (Last) <u>Curtis</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 9, 1957</u>					
5. SEX <u>m.</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>		8. DATE OF BIRTH <u>Feb 9, 1957</u>			
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>child</u>		11. BIRTHPLACE (State or foreign country) <u>Parma, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>Robert Curtis</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Brady</u>		14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert Curtis, Parma, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature (7 1/2 months)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>77 bX</u>							
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) <u>Parma, Mo.</u>					
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?					
22. I hereby certify that I attended the deceased from <u>Feb 9, 1957</u> , to <u>Feb 9, 1957</u> , that I last saw the deceased alive on <u>Feb 9, 1957</u> , and that death occurred at <u>7:45 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Dr. Geo. W. Husted, M.D.</u>				23b. ADDRESS <u>Parma, Mo.</u>		23c. DATE SIGNED <u>2/9/57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/9/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Parma Cemetery, Parma, Mo.</u>		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. <u>2/9/57</u>		REGISTRAR'S SIGNATURE <u>Dr. Geo. W. Husted, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>none</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED MAR 7 1957
NEW MADRID CO. HEALTH CENTER

P. J. S.

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
Student Embalmer

Signed.....

Licensed Embalmer No.....

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