

THE HEALTH DEPARTMENT OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57.0 22085
STATE FILE NUMBER

FILED JUL 15 1957

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 295

1. PLACE OF DEATH a. COUNTY <i>Pettis</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Pettis</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <i>Sedalia</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Sedalia</i> 0804		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>612 W. Pettis, St</i>		Length of stay in lb <i>23 yrs.</i>		d. STREET ADDRESS (If outside, give location) <i>612 W. Pettis, St.</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>Daisy</i> First Middle Last <i>Curd</i>			4. DATE OF DEATH <i>July 5, 1957</i> Month Day Year		
5. SEX <i>Female</i> 3	6. COLOR OR RACE <i>Negro</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Sept. 7, 1886</i>	9. AGE (In years last birthday) <i>70 yrs.</i>	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>	11. BIRTHPLACE (City and state of country) <i>Cedar Township, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S. A.</i>
13. FATHER'S NAME <i>Pleasanton Tribune</i>			14. MOTHER'S MAIDEN NAME <i>Adder Cowan</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT <i>Wilbert C. Curd</i> Address <i>2434 Woodland Kansas City, Mo.</i>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial Infarction</i> DUE TO (b) <i>Arteriosclerosis</i> DUE TO (c) <i>unknown</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Cyclo nephritis 4201</i>					INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>July 1 -</i> to <i>July 5</i> and last saw her <i>alive</i> on <i>July 5-57</i> Death occurred at <i>home</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>A. R. Maddox</i> (Degree or title)			22b. ADDRESS <i>Sedalia Mo</i>		22c. DATE SIGNED <i>7-8-57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>July 9, 1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Georgetown Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Georgetown Mo.</i>
24. FUNERAL DIRECTOR <i>Miss Alvah</i> ADDRESS <i>400 W Cooper</i>		25. DATE RECD. BY LOCAL REG. <i>7-9-57</i>		26. REGISTRAR'S SIGNATURE <i>Frances Shelby</i>	

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

DEC 7 1957

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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 Eric R. [Signature]

Licensed Embalmer No. 42

P. O. Address Sedalia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.