

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020958

STATE FILE NUMBER

601

42

Primary Registration District No.

1000

Registrar's No.

FILED JUN 16 1958

Registration District No.

300
-57

1. PLACE OF DEATH a. COUNTY Euchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Doniphan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Wathena	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Methodist Hosp.	Length of stay in lb	d. STREET ADDRESS (If outside, give location) none	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First John Middle Merritt Last Curtis	4. DATE OF DEATH Month June Day 6 Year 1958
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5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 11, 1881	9. AGE (In years last birthday) 77	10. F UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	11. IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman	10b. KIND OF BUSINESS OR INDUSTRY Union Pacific R.R.	11. BIRTHPLACE (City and state or country) Daviness County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Frank Curtis	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Maude Curtis
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. unknown	17. INFORMANT Maude Curtis, Wathena, Kansas
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary sclerosis DUE TO (c) Anterior division of aorta 4201	INTERVAL BETWEEN ONSET AND DEATH rather death
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) "Little stroke" loss of speech impairment of swallowing - 1 week		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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.)
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20c. TIME OF INJURY Hour 4:10 Month, Day, Year	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 Wathena, Kansas	COUNTY Doniphan	STATE Kansas
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21. I attended the deceased from April 22, 1958 to June 6, 1958 and last saw her/him alive on June 5, 1958 Death occurred at 4:10 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J.P. Cannon	(Degree or title) M.D.	22b. ADDRESS St. Joseph Mo	22c. DATE SIGNED 6-6-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE June 6, 1958	23c. NAME OF CEMETERY OR CREMATORY Belmont Cemetery	23d. LOCATION (City, town, or county) (State) Wathena, Kansas
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24. FUNERAL DIRECTOR Franklin J. Cannon	ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. June 6, 1958	26. REGISTRAR'S SIGNATURE Wm. Clark Woodell
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

54

JUL 23 1988

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 J. Chaney*
Licensed Embalmer No. 4679

P. O. Address St. Joseph, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.