Health,
Welfare
Public
Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-043426
STATE FILE NUMBER

FILED DEC 29 1958 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 278

1. PLACE OF DEATH a. COUNTY: CALLAWAY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): FULTON — Inside Limits: Yes [x] No [ ]	c. CITY OR TOWN: Kansas City 3008 6 — Inside Limits: Yes [ ] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: STATE HOSPITAL #1 — Length of stay in 1b: 45yrs. 11mos.	d. STREET ADDRESS (If outside, give location): unk. — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First: JACK Middle: Last: CURTAIN	4. DATE OF DEATH (Month Day Year): December 13, 1958

5. SEX: Male 0	6. COLOR OR RACE: White	7. MARRIED [ ] NEVER MARRIED [x] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: unk. 1883??	9. AGE (In years last birthday): 75?? — 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): Laborer	10b. KIND OF BUSINESS OR INDUSTRY: 9C.	11. BIRTHPLACE (City and state or country): Ireland 4	12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: unk.	13b. MOTHER'S MAIDEN NAME: unk.	14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unk.	16. SOCIAL SECURITY NO.: None	17. INFORMANT Address: State Hospital No. 1; Fulton, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Broncho-pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 491X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [x] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

St. Hosp. #1
21. attended the deceased from 1-11-1913, to 12-13-58 ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX~~ him
Death occurred at 5:30 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H. G. Freund — Harold G. Freund, M.D.	22b. ADDRESS: State Hospital #1; Fulton, Mo.	22c. DATE SIGNED: 12-15-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 12-18-58	23c. NAME OF CEMETERY OR CREMATORY: anatomical Board	23d. LOCATION (City, town, or county) (State): Columbia MO

24. FUNERAL DIRECTOR ADDRESS: J. O. Roberts Columbia MO	25. DATE RECD. BY LOCAL REG.: Dec. 18-1958	26. REGISTRAR'S SIGNATURE: Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 ..... Signed .....
Signature of Student Embalmer

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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