

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

78-044762

STATE FILE NUMBER

FILED JAN 13 1959 Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 133

300
1-57

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Vernon		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Jasper 0490 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. State Sanatorium		Length of stay in 1b 53 days	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Floyd Middle Adelmar Last Curnutt			4. DATE OF DEATH Month Dec. Day 25 Year 1958		
--	--	--	--	--	--

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 July 10, 1909	9. AGE (In years last birthday) 49	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) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Grocery	11. BIRTHPLACE (City and state or county) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
--	---	--	--

13a. FATHER'S NAME Sterling A. Curnutt	13b. MOTHER'S MAIDEN NAME Perry Zetta Johndrow	14. NAME OF HUSBAND OR WIFE Gladys Curnutt
--	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or No) (If Yes, give date of entry or discharge) Yes - Aug, 1943 to Aug, 45	16. SOCIAL SECURITY NO. 486-09-2358	17. INFORMANT Address San. records, Mo. State San., Mt. Vernon, Mo.
--	---	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastases to brain		INTERVAL BETWEEN ONSET AND DEATH abt. 2 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Bronchogenic carcinoma, right lung <i>abt. 6 mo.</i>	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	

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 Death occurred at 9:00 a.m. Nov. 2, 1958 to Dec. 25, 1958 and last saw him alive on Dec. 25, 1958 m on the date stated above; and to the best of my knowledge, from the causes stated.	
---	--

22a. SIGNATURE <i>John W. Poth, MD</i> (Degree or title)	22b. ADDRESS Mt. Vernon, Missouri	22c. DATE SIGNED 12-29-58
---	---	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Removal & Burial	12-27-58	Floral Hills Gardens	Kansas City, Mo.

24. FUNERAL DIRECTOR Martin Selvey	ADDRESS Jasper, Mo.	25. DATE RECD. BY LOCAL REG. 1-7-59	26. REGISTRAR'S SIGNATURE <i>Cecil Hendricks</i>
--	-------------------------------	---	---

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JAN 13 1959

JAN 23 1959

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 *George W. Newcomb*

Licensed Embalmer No. *467*

P. O. Address *Lockwood*

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.