

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008399
STATE FILE NUMBER

FILED MAR 23 1959

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 126

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Boone</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Boone</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Columbia</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Columbia</i> ⁰¹⁶⁵ 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>202 Hickman</i>		Length of stay in lb <i>14 yr.</i>	d. STREET ADDRESS (If outside, give location) <i>202 Hickman</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>JAMES</i> Middle Last <i>CURTIS</i>			4. DATE OF DEATH Month <i>March</i> Day <i>18</i> Year <i>1959</i>	
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5. SEX <i>male</i>	6. COLOR OR RACE <i>negro</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Oct. 5 - 1865</i>		9. AGE (In years last birthday) <i>93 yr.</i> IF UNDER 1 YEAR: Months Days Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Boone county Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
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13a. FATHER'S NAME <i>Adam Curtis</i>		13b. MOTHER'S MAIDEN NAME <i>Julia Bonmaster</i>		14. NAME OF HUSBAND OR WIFE	
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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) <i>no</i>		SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT <i>Arthur Wilkins, Columbia, Mo.</i> Address		
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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) <i>cerebral arteriosclerosis</i>				INTERVAL BETWEEN ONSET AND DEATH <i>years</i>	
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) <i>334X</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.)		
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20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.		
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20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from *Coroners case* and last saw her alive on _____
Death occurred at *4:30 A.M.* on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Vincent P. Peres MD</i>		22b. ADDRESS <i>Univ. of Mo. Medical Cent</i>		22c. DATE SIGNED <i>19 March 59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>March 21, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Loydspruce</i>	23d. LOCATION (City, town, or county) (State) <i>Boone Columbia Mo.</i>
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24. FUNERAL DIRECTOR <i>Mrs. Stuart Parker, Columbia, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>Mar 20 1959</i>	26. REGISTRAR'S SIGNATURE <i>Mrs. R. E. Palmer</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

every column, etc. must use only standard nomenclature in item 10. No symptoms will be listed. All diseases in Part I must be causally related.

6-59

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 Brown*

Licensed Embalmer No. *4220*
P. O. Address. *Richmond Va*

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.