

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041429

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 560

AMENDED

DATE AMENDED

INSTEAD OF

BY AFFIDAVIT OF

Registration District No. 156
FILED NOV 28 1961

| | | | | | | |
|---|---|---|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Jasper | | | 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 Joplin | | Length of stay in lb 15 yrs | c. CITY OR TOWN Joplin | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA St. John's Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 2505 Vandalia Ave. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First KENNETH Middle PERSHING Last CURTIS | | | 4. DATE OF DEATH Month November Day 20 , Year 1961 | | | |
| 5. SEX M | 6. COLOR OR RACE W | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 10-22-1918 | 9. AGE (last birthday) 43 | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telegrapher | | 10b. KIND OF BUSINESS OR INDUSTRY Frisco Railroad | 11. BIRTHPLACE (City and state or country) Scammon, Kansas | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME G. W. Curtis | | 13b. MOTHER'S MAIDEN NAME Alla May Lavan | | 14. NAME OF HUSBAND OR WIFE Marjorie Curtis | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes | | 16. SOCIAL SECURITY NO. Unk | 17. INFORMANT Address Mrs. Marjorie Curtis, 2505 Vandalia Ave. | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Presumed to be caused by natural causes | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Unknown (Coroner notified) | | | | | | |
| DUE TO (c) | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 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 a.m. p.m. 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 | | COUNTY | STATE | |
| 21. I attended the deceased from NO DR. IN ATTENDANCE. and last saw her/him alive on 12:40 PM on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at | | | | | | |
| 22a. SIGNATURE (Degree or title) Dove Merriam, Registrar | | | 22b. ADDRESS City Hall - Joplin, Missouri | | 22c. DATE SIGNED 11-21-61 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 11-22-61 | 23c. NAME OF CEMETERY OR CREMATORY Forest Park Cemetery, | | 23d. LOCATION (City, town, or county) (State) Joplin, Missouri | | |
| 24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MISSOURI | | 25. DATE RECD. BY LOCAL REG. 11-21-1961 | 26. REGISTRAR'S SIGNATURE Dove Merriam | | | |

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NOV 30 1961

DEC 13 1961

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 ROBERT A. YORK, Student Embalmer No. 631
working under my personal supervision.

Student Robert A. York
Signature of Student Embalmer

Signed Harvey B. Auer

Licensed Embalmer No. 4463

P. O. Address Poplar MS

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.