

FILED MAR 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9402

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>238</u>		PRIMARY REG. DIST. NO. <u>4355</u>		Registrar's No. <u>14</u>	
1. PLACE OF DEATH a. COUNTY <u>NEW MADRID</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEW MADRID</u>			
b. CITY OR TOWN <u>NEW MADRID</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEW MADRID. 0721</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print), <u>RUTH</u> (First) <u>CURNOW</u> (Middle) <u>MARTIN</u> (Last)			4. DATE OF DEATH <u>FEB-25-1951</u> (Month) (Day) (Year)				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>		8. DATE OF BIRTH <u>AUG-11-1910</u>	
9. AGE (In years last birthday) <u>40</u> Months <u>6</u> Days <u>14</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>SIKESTON MO. 0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>HENRY CURNOW</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH LUTMAN</u>		14. NAME OF HUSBAND OR WIFE <u>ROY F MARTIN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>489-18-5440</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Roy F. Martin</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, Hypostatic</u> ANTECEDENT CAUSES DUE TO (b) <u>Metastatic Carcinoma</u> DUE TO (c) <u>Carcinoma Uteri</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>174X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>6 mo.</u> <u>2 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>50</u> , to <u>February</u> 19 <u>51</u> , that I last saw the deceased alive on <u>25 Feb.</u> , 19 <u>51</u> , and that death occurred at <u>2: p</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Louis J. Smith</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>New Madrid Mo</u>		23c. DATE SIGNED <u>6 Mar 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2/27/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen</u>		24d. LOCATION (City, town, or county) (State) <u>New Madrid. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-7-51</u>		REGISTRAR'S SIGNATURE <u>Relew L. Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard Andt. Co</u> ADDRESS <u>New Madrid</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

721

RECEIVED

MAR 13 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *L. S. Hedgepeth*.....

Licensed Embalmer No. *3803*.....

P. O. Address *New Madrid, 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 this body is not embalmed, fact should be so stated above.