

FILED NOV 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5556 State File No. **Joe 36720**
Registrar's No. **27**

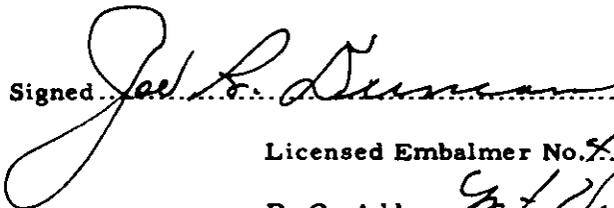
BIRTH NO.		REG. DIST. NO. 142		PRIMARY REG. DIST. NO. #271		Registrar's No. 27	
1. PLACE OF DEATH a. COUNTY HOWELL				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY HOWELL			
b. CITY (If outside corporate limits, give RURAL and (or) DISTRICT) OR TOWN MOUNTAIN VIEW, MO.		c. LENGTH OF STAY (in this place) 18 YRS.		c. CITY OR TOWN MTN. VIEW, MO.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME (RURAL)				e. STREET ADDRESS (If rural, give location) RURAL ROUTE # 2			
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES		b. (Middle) C.		c. (Last) CURTRIGHT		4. DATE OF DEATH (Month) (Day) (Year) NOV. 21, 1955	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH FEB. 18, 1893	
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months 10 Days 1		IF UNDER 24 HRS. Hours 1 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (City and State or Foreign Country) SHELBYNA, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME NOT KNOWN		13b. MOTHER'S MAIDEN NAME NOT KNOWN		14. NAME OF HUSBAND OR WIFE JUNE CURTRIGHT			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JUNE CURTRIGHT. MOUNTAIN VIEW, MISSOURI.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MEDICAL CERTIFICATION Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4501				INTERVAL BETWEEN ONSET AND DEATH Immed.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9 A. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Joe L. Duncan, Coroner				23b. ADDRESS Mtn View, Mo.		23c. DATE SIGNED 11-25-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Nov. 23-55		24c. NAME OF CEMETERY OR CREMATORY MTN. VIEW, CEMETERY		24d. LOCATION (City, town, or county) (State) MOUNTAIN VIEW, MISSOURI.	
DATE REC'D BY LOCAL REG. 11/26/55		REGISTRAR'S SIGNATURE Laura Hitchell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DUNCAN FUNERAL HOME. MTN. VIEW, MO.			

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

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 .....
Licensed Embalmer No. 432.
P. O. Address Mt. Union,

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.