

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000905

STATE FILE NUMBER

FILED JAN 13 1959 Registration District No. 120 Primary Registration District No. Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <b>Gentry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Gentry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Albany</b>		c. CITY OR TOWN <b>Albany,</b>	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <b>205 W. Canaday</b>		d. STREET ADDRESS <b>205 W. Canaday</b>	
Length of stay in lb <b>lifetime</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>John Earl Kurtright</b>			4. DATE OF DEATH <b>Jan. 1, 1959</b>		
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	
8. DATE OF BIRTH <b>Aug. 8, 1884</b>		9. AGE (In years last birthday) <b>74</b>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farming retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>agriculture</b>		11. BIRTHPLACE (City and state or country) <b>Gentry Co. Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			13. FATHER'S NAME <b>James Kurtright</b>		
14. MOTHER'S MAIDEN NAME <b>Rebecca Routain</b>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>unknown</b>		
16. SOCIAL SECURITY NO.			17. INFORMANT <b>Mrs. Earl Kurtright Albany, Mo.</b>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CA of Stomach &amp; Liver</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Not Known</b>
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)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>

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 <b>Oct. 1956</b> to <b>Jan. 1, 1959</b> and last saw <sup>her</sup> him alive on <b>Jan. 1, 59</b> Death occurred at <b>6:30p</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Dr. D. S. Merrill</b> (Degree or title) <b>D.O.</b>		22b. ADDRESS <b>Albany, Missouri</b>	
22c. DATE SIGNED <b>1/5/59</b>			

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>1/4/59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Gracview</b>		23d. LOCATION (City, town, or county) (State) <b>Albany, Missouri</b>	
24. FUNERAL DIRECTOR <b>Clifford Brooks, Albany, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>Jan. 5-1959</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. L. W. Bare</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. D. S. Merrill

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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e  
by me, or by .....<sup>me</sup>....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed...*Donald E. Cochely*.....

Licensed Embalmer No.....<sup>4</sup>

P. O. Address...Albany,...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.