# MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

61-020617
STATE FILE NUMBER

AMENDED

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 241

FILED JUN 19 1961

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau — Length of stay in 1b: 48 Years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1236 No. Spanish St. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cape Girardeau
c. CITY OR TOWN Cape Girardeau — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1236 No. Spanish St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Clarence Middle Fred Last Curry
4. DATE OF DEATH: Month June Day 9 Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1/27/1892
9. AGE (last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Employee
10b. KIND OF BUSINESS OR INDUSTRY: International Shoe
11. BIRTHPLACE (City and state or country): Pittsburg, Kansas
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Thomas Curry
13b. MOTHER'S MAIDEN NAME: Barbsheba Ricketts
14. NAME OF HUSBAND OR WIFE: Bessie Wolters Curry
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
17. INFORMANT: Bessie Curry — Address: Cape Girardeau, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Prob. Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 2/11/57, to 6/9/61 and last saw him alive on 6-9-61
Death occurred at 4:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Fred M. Hoxworth (Degree or title) M.D
22b. ADDRESS: 24 No. Sprigg St. Cape Girardeau, Missouri
22c. DATE SIGNED: 6/12/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6/11/1961
23c. NAME OF CEMETERY OR CREMATORY: Lorimier Cemetery
23d. LOCATION (City, town, or county) (State): Cape Girardeau

24. FUNERAL DIRECTOR: L. L. Haman — ADDRESS: Cape Girardeau, Mo.
25. DATE RECD. BY LOCAL REG.: 6-14-1961
26. REGISTRAR'S SIGNATURE: Irene Karsten

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

| ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED |
|---|---|---|---|
| | | | |

BY AFFIDAVIT OF DOCUMENT

**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_____ Signed L. L. Haman

Signature of Student Embalmer

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.