

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002054

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED FEB 7 1963

Registration District No. 157 Primary Registration District No. 3028

Registrar's No. 28

VS 300  
Rev. 4/59

6497

8497

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9492X

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122-0

133-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>CARTHAGE</b>		Length of stay in 1b <b>7 WEEKS</b>	c. CITY OR TOWN <b>CARTHAGE</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>MCCUNE BROOKS HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>320 E. MACON</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>GLENDA MAE CURRY</b>			4. DATE OF DEATH Month <b>JANUARY</b> Day <b>30</b> Year <b>1963</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-9-62</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <b>BABY</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>BABY</b>	11. BIRTHPLACE (City and state or country) <b>CARTHAGE, MISSOURI</b>
13a. FATHER'S NAME <b>ALBERT CURRY</b>		13b. MOTHER'S MAIDEN NAME <b>BONNIE SCHAFIELD</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <span style="background-color: black; color: black;">XXXXXXXXXX</span>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumonitis</b>		17. INFORMANT Address <b>ALBERT CURRY, CARTHAGE, MO.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 days</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Prematurity</b>			PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <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 checked="" 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>12-9-62</b> to <b>1-30-63</b> and last saw her <sup>her</sup> alive on <b>1-29-63</b> Death occurred at <b>2:30 A.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Typed or typed) <i>M. Foster Weston</i> MD.		22b. ADDRESS <b>616 W. CENTENNIAL, CARTHAGE, MISSOURI</b>	22c. DATE SIGNED <b>1-30-63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>2-1-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>PARK CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>CARTHAGE MO.</b>
24. FUNERAL DIRECTOR <b>ULMER FUNERAL HOME, CARTHAGE, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>1-31-63</b>	26. REGISTRAR'S SIGNATURE <i>Ely Clutter</i>

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**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 William Garrett

Licensed Embalmer No. 5121

P. O. Address CARTHAGE, 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.