

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-03888
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB	AMENDED				
VS 300 Rev. 4/59	DATE AMENDED				
1 0109					
2 0109					
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12 90-0					
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF				
ITEM NO.	SHOULD READ				
BY AFFIDAVIT OF					

USE BLACK INK OR TYPEWRITER RIBBON

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 716

FILED OCT 21 1963

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Length of stay in 1b. <u>38 Years</u>	c. CITY OR TOWN <u>Columbia</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>311 South Fifth St.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>311 South Fifth St.</u>
3. NAME OF DECEASED (Type or print) First <u>MARY</u> Middle <u>CURTRIGHT</u> Last <u>CURTRIGHT</u>		4. DATE OF DEATH Month <u>October</u> Day <u>17</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-10-1875</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	9. AGE (last birthday) <u>88</u>
11a. FATHER'S NAME <u>Thomas James</u>		11b. MOTHER'S MAIDEN NAME <u>Hannah Poole</u>	11. BIRTHPLACE (City and state or country) <u>Monroe Co., Missouri</u>
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		12b. SOCIAL SECURITY NO. <u>-----</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>arteriosclerosis Heart Disease</u>		14. NAME OF HUSBAND OR WIFE <u>Harry P. Curtright</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		16. SOCIAL SECURITY NO. <u>-----</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		17. INFORMANT Address <u>Mrs. Thomas Rapp, Columbia, Mo.</u>	
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"/>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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.)	
21. I attended the deceased from <u>9-17-63</u> to <u>16 Oct 63</u> and last saw her <u>alive</u> on <u>16 Oct 63</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
Death occurred at <u>Columbia, Mo 65201</u> on the date stated above, and to the best of my knowledge, from the causes stated.		21. BIRTHPLACE (City and state or country) <u>Monroe Co., Missouri</u>	
22a. SIGNATURE (Degree or title) <u>Lois Rapp Miller MD</u>		22b. ADDRESS <u>213 Ginter Bldg</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		22c. DATE SIGNED <u>10/17/63</u>	
23b. DATE <u>Oct. 17, 1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Holiday, Missouri</u>		23e. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR ADDRESS <u>Thompson-Mackler Funeral Home, Madison, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Oct 17 1963</u>	
		26. REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>	

(Licensed Embalmer's Statement on Reverse Side)

