

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042741

STATE FILE NUMBER

Registration District No. 4 Primary Registration District No. 5626 Registrar's No. 105

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 19 1963

1. PLACE OF DEATH a. COUNTY Atchison b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clark Township Length of stay in 1b _____ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clark Township Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Atchison c. CITY OR TOWN Fairfax Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) Clark Township Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
---	--	--	--

3. NAME OF DECEASED (Type or print) First Middle Last James Lewis Curry			4. DATE OF DEATH Month Day Year Nov. 15, 1963			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/7/1904	9. AGE (last birthday) 59	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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Corning, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME James R. Curry			13b. MOTHER'S MAIDEN NAME Mattie McMackin		14. NAME OF HUSBAND OR WIFE Mildred Cason Curry		

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 Address Mrs. Gene Bradfield; Fairfax, Mo.	
---	--	-------------------------------	--	---	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY Occlusion		INTERVAL BETWEEN ONSET AND DEATH
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"/>		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 Fairfax Atchison Mo.	
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 _____ to _____ and last saw her/him alive on _____
 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>D. J. Gallyup</i>		22b. ADDRESS Rock Point Mo.		22c. DATE SIGNED 11-15	
--	--	---------------------------------------	--	----------------------------------	--

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 17, 1963		23c. NAME OF CEMETERY OR CREMATORY English Grove		23d. LOCATION (City, town, or county) (State) Fairfax, Missouri	
--	--	-----------------------------------	--	--	--	---	--

24. FUNERAL DIRECTOR ADDRESS Schooler Fun'l home; Fairfax, Mo.		25. DATE RECD. BY LOCAL REG. Nov 15, 1963		26. REGISTRAR'S SIGNATURE <i>Marvin N. Schoeder</i>	
--	--	---	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59
 1 0030
 2 0030
 3
 4 0
 5 1
 6
 7 0
 8 2
 9 4201
 10
 11
 12 90-3
 13 10

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

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 James W. Schooler, Student Embalmer No. 714

working under my personal supervision.

Student James W. Schooler
Signature of Student Embalmer

Signed Marvin N. Schooler

Licensed Embalmer No. 4162

P. O. Address Fairfax, Va.

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.