

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39978

FILED JAN 5 1951

State File No. _____
Registrar's No. 474

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		State File No. _____		Registrar's No. <u>474</u>			
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).						
a. COUNTY <u>Callaway</u>					a. STATE <u>Missouri</u>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>					b. COUNTY <u>Boone</u>						
c. LENGTH OF STAY (In this place) <u>7 Days</u>					c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Schoaf Convalescent Home</u>					d. STREET ADDRESS (If rural, give location) <u>1105 Grand Ave.</u>						
3. NAME OF DECEASED (Type or Print)			a. (First) <u>CHARLES</u>			b. (Middle) <u>HARDIN</u>			c. (Last) <u>CURTRIGHT</u>		
4. DATE OF DEATH			(Month) <u>Dec.</u>			(Day) <u>7,</u>			(Year) <u>1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 16, 1859</u>		9. AGE (In years last birthday) <u>91</u>		IF UNDER 1 YEAR Days <u>2</u> Hours <u>21</u> Mfn. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>				11. BIRTHPLACE (State or foreign country) <u>Boone County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>W.H. Curtright</u>				13b. MOTHER'S MAIDEN NAME <u>Katherine Jenkins</u>				14. NAME OF HUSBAND OR WIFE <u>Elizabeth Thomas</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>			16. SOCIAL SECURITY NO. <u>None</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Parker Funeral Home, Columbia, Mo</u>					ADDRESS _____
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral sclerosis</u>									
		ANTECEDENT CAUSES									
		*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.									
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.									
		DUE TO (b) _____									
		DUE TO (c) _____									
		II. OTHER SIGNIFICANT CONDITIONS <u>Epileptiform seizures</u>									
		Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) _____			21d. (COUNTY) _____		21e. (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? _____						
22. I hereby certify that I attended the deceased from <u>Dec 2, 1950</u> , to <u>Dec 7, 1950</u> , that I last saw the deceased alive on <u>Dec 2, 1950</u> , and that death occurred at <u>10:45 p.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>[Signature]</u>					23b. ADDRESS <u>Fulton Mo</u>					23c. DATE SIGNED <u>12-7-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 10, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bonne Femme Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>Boone County, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>Dec. 26-1950</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>			426			25. FUNERAL DIRECTOR'S SIGNATURE <u>Parker Funeral Service, Columbia, Mo</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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File No. _____
DISTRICT HEALTH OFFICE No. 4

JAN 2 1951

RECEIVED

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

R. D. Whitesides

Signed.....

Student Embalmer

Licensed Embalmer No. *3893*

P. O. Address *Columbia m.*

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