

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28573

FILED SEP 15 1953

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4212</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Manassas City</u>		c. LENGTH OF STAY (In this place) <u>6 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Manassas City</u>		d. STREET ADDRESS (If rural, give location) <u>3124 4804 Terrace</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4804 Terrace</u>				d. STREET ADDRESS (If rural, give location) <u>3124 4804 Terrace</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Myrtle</u>			b. (Middle) _____			c. (Last) <u>Curtwright</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 27, 1953</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>			
8. DATE OF BIRTH <u>July 12, 1880</u>		9. AGE (In years) (Months) (Days) (Hours) (Mins.) <u>73</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>			
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Monroe Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Shoghton W. Riley</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Hughes</u>		14. NAME OF HUSBAND OR WIFE <u>Elliott S. Curtwright</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 AND ADDRESS <u>Mrs Naomi Forester 4804 Terrace</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Septic pneumonia</u>				DUPLICATE OF (a) <u>Parkinson's Disease</u>				<u>3 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUPLICATE OF (b) <u>Wrist fracture</u>				<u>7 years</u>	
DUPLICATE OF (c) <u>Diabetes</u>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>350X</u>	
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) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>July</u> , 1953, to <u>August 27, 1953</u> , that I last saw the deceased alive on <u>8-20</u> , 1953 and that death occurred at <u>1:45 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Rebecca Cross Hutchins</u> (Name or title)				23b. ADDRESS <u>505 Shubert Bldg.</u>		23c. DATE SIGNED <u>8-27-53</u>			
24a. BURIAL - CREMATION (Specify) <u>Burial</u>		24b. DATE <u>Aug 29, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Paris, Mo</u>			
DATE REC'D BY LOCAL REG. <u>8-28-53</u>		REGISTRAR'S SIGNATURE <u>Heraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Union L. Tophy Indep. Mo</u>					

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

Ha 2325

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
Student Embalmer

Signed

Vision L. Kephly

Licensed Embalmer No.

4225

P. O. Address

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