

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57021921  
STATE FILE NUMBER

FILED JUL 1 1957

Registration District No. 232 Primary Registration District No. 4347 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Montgomery</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Middletown</b> TOWN		c. CITY OR TOWN <b>Vandalia Quivre</b>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>5 miles east</b>		d. STREET ADDRESS <b>10 mi South</b>	
Length of stay in 1b <b>3 mo</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) **Charles B. McCurdy** <sup>First Middle Last</sup>

4. DATE OF DEATH **June 18, 1957** <sup>Month Day Year</sup>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>May 19, 1869</b>	9. AGE (In years last birthday) <b>88</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Stock &amp; Grain</b>	11. BIRTHPLACE (City and state or country) <b>Pike County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>US</b>
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13. FATHER'S NAME **Charles McCurdy**

14. MOTHER'S MAIDEN NAME **Guy South**

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.	17. INFORMANT <b>Thomas McCurdy, Vandalia, Missouri</b>
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Myocardio degeneration**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) **Chronic myocarditis**

DUE TO (c) **Generalized arterio sclerosis**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

INTERVAL BETWEEN ONSET AND DEATH  
**1 wk**  
**10 yr.**  
**15 yr.**

19. WAS AUTOPSY PERFORMED? YES  NO

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.)
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20c. TIME OF INJURY: Hour, Month, Day, Year  
a. m. p. m.

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 <b>Montgomery City, Mo.</b>	COUNTY <b>Montgomery</b>	STATE <b>Mo.</b>
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21. I attended the deceased from **6-13-57** to **6-18-57** and last saw <sup>her</sup> <sub>him</sub> alive on **6-18-57**  
Death occurred at **5:30** A. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Wm Van Arsdale D.O.</b>	22b. ADDRESS <b>Montgomery City, Mo.</b>	22c. DATE SIGNED <b>6-25-57</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>June 20, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt Olivet Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Audrain County, Mo.</b>
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24. FUNERAL DIRECTOR <b>William B Waters</b>	ADDRESS <b>Vandalia, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>7-1-57</b>	26. REGISTRAR'S SIGNATURE <b>Clayde A. Bridges</b>
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(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *William B. Wanda*.....

Licensed Embalmer/No. *4*.....

P. O. Address *Vanda*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.