SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-010149
STATE FILE NUMBER

AMENDED

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 23

FILED VS MAR 14 1961

1. PLACE OF DEATH
a. COUNTY Pulaski
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville — Length of stay in Ib. 6 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Pulaski
c. CITY OR TOWN Crocker — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) None — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Frederick Middle - Last Curry
4. DATE OF DEATH Month Feb Day 27 Year 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH March 18
9. AGE (last birthday) 1872 88 — IF UNDER 1 YEAR Months 11 Days 9 — 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 Domestic
11. BIRTHPLACE (City and state or country) Ironton Ohio
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Silas Curry
13b. MOTHER'S MAIDEN NAME Adeline Birdson
14. NAME OF HUSBAND OR WIFE Etta Curry
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) ----------
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs Etta Curry Address Crocker, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral Thrombosis	6 Mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclorosis	15 yrs.
DUE TO (c)	Senility	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ✓

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ✓
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 JAN. 1958 to Feb 27, 1961 and last saw ~~her~~ him alive on Feb 22, 1961
Death occurred at 2:40 p on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John A. Mihalwich (Degree or title) DO
22b. ADDRESS Crocker Missouri
22c. DATE SIGNED 2/28/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE March 2 1961
23c. NAME OF CEMETERY OR CREMATORY Crocker Memorial
23d. LOCATION (City, town, or county) (State) Crocker Missouri

24. FUNERAL DIRECTOR Moss-Williams Funeral Homes
ADDRESS Crocker Mo
25. DATE RECD. BY LOCAL REG. 3-2-61
26. REGISTRAR'S SIGNATURE Eula Grace Anderson

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF

MAR 17 1963

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_____
Signature of Student Embalmer

Signed Clarence Gross

Licensed Embalmer No. 4896

P. O. Address Waynesville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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