

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037803

STATE FILE NUMBER

Registration District No. 223 Primary Registration District No. 4348 Registrar's No. 60

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

FILED NOV 14 1961

1. COUNTY Montgomery

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE N. Carolina b. COUNTY Lenoir

3. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Danville Township Length of stay in 1b

4. CITY OR TOWN Kinston Inside Limits Yes No

5. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION US Highway 40 Inside Limits Yes No d. STREET ADDRESS (If outside, give location) 507 West Lenoir Ave. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
Mittrey Amon Courie November 11, 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH Oct. 9, 1936 9. AGE (last birthday) 25 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) Pilot, US Air Force 10b. KIND OF BUSINESS OR INDUSTRY US Air Force 11. BIRTHPLACE (City and state or country) Kinston, N. Carolina 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Nickola F. Courie 13b. MOTHER'S MAIDEN NAME Mayre Pharo 14. NAME OF HUSBAND OR WIFE Silva Courie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Active Duty at Death 16. SOCIAL SECURITY NO. Unknown 17. INFORMANT Nichola Courie, 507 W. Lenoir Ave Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Internal injuries, fractured skull.
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Compound fracture of right lower leg.
 DUE TO (c) facial cuts Auto accident

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.)
severed femoral bone H fracture

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 11/12/61

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.) at home 20f. CITY, TOWN, OR LOCATION Kinston COUNTY Lenoir STATE N. Carolina

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J.P. Rodguez Carnon 22b. ADDRESS Montgomery City Mo 22c. DATE SIGNED 11/12/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 11-16-1961 23c. NAME OF CEMETERY OR CREMATORY Unknown 23d. LOCATION (City, town, or county) (State) Kinston, North Carolina

24. FUNERAL DIRECTOR Schlanker Fun. Home, Montgomery City, Mo. ADDRESS 11/12/1961 25. DATE RECD. BY LOCAL REG. Laura B Callaway 26. REGISTRAR'S SIGNATURE

MISSOURI STATE BOARD OF EXAMINERS
FOR EMBALMERS

Danville Township
Highway 40

Mitrey
Miss

JAN 24 1962

Pilot, US Air Force
Missouri S. Corrie

Yes
Working with the
Missouri S. Corrie
Missouri S. Corrie
Missouri S. Corrie

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Albert H. Hoppe Funeral Service, Student Embalmer No. _____
4700 Washington Ave.
working under my personal supervision. St. Louis, Mo.

Student _____
Signature of Student Embalmer

Signed E. Boone Schlank

Licensed Embalmer No. 4136
P. O. Address Montgomery

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.