ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-043490
STATE FILE NUMBER

AMENDED

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 285

FILED JAN 2 1962

1. PLACE OF DEATH
a. COUNTY Audrain
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico — Length of stay in 1b: 4 yr.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 327 S. Rollings — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Audrain
c. CITY OR TOWN Mexico — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 327 S. Rollings — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: MAGGIE Middle: LENA Last: CURTIS
4. DATE OF DEATH Month: Nov. Day: 22 Year: 1961
5. SEX Female
6. COLOR OR RACE negro
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH Sept 13-1883
9. AGE (last birthday) 78 yr.
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) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Callaway Co. Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Fred Hopkins
13b. MOTHER'S MAIDEN NAME Ellen Jackson
14. NAME OF HUSBAND OR WIFE Burnels Curtis
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 Bessie Brooks, Address Mexico, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Heart Disease — Unknown
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cerebral thrombosis; Diabetes mellitus
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 March 1958 to Dec 22, 1961 and last saw her/him alive on Nov 22, 1961
Death occurred at 8 Pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ernest J. Gantt (Degree or title) MD
22b. ADDRESS Mexico, Mo
22c. DATE SIGNED 12-25-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Dec. 26, 1961
23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery
23d. LOCATION (City, town, or county) Mexico (State) Mo.

24. FUNERAL DIRECTOR Mrs Stuart Barker, ADDRESS Columbia, Mo.
25. DATE RECD. BY LOCAL REG. Dec. 28-1961
26. REGISTRAR'S SIGNATURE Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 4 1962

JAN 9 1962

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 George R. Tramm

Licensed Embalmer No. 4425

P. O. Address Columbia

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