MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-000519

EPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 44 Primary Registration District No. 5145 Registrar's No. 5

FILED JAN 23 1962

1. PLACE OF DEATH a. COUNTY Caldwell	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Caldwell
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Breckenridge TWP — Length of stay in 1b Life	c. CITY OR TOWN Breckenridge TWP — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Own Home — Inside Limits Yes ☐ No ☒	d. STREET ADDRESS (If outside, give location) Caldwell County — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)	First: Grace	Middle: Menerva	Last: Curnow	4. DATE OF DEATH	Month: Jan Day: 8 Year: 1962
5. SEX: Female	6. COLOR OR RACE: Cauc.	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH: June 20 90	9. AGE (last birthday): 71	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): housewife	10b. KIND OF BUSINESS OR INDUSTRY: Housewife	11. BIRTHPLACE (City and state or country): Caldwell County	12. CITIZEN OF WHAT COUNTRY: USA		
13a. FATHER'S NAME: William John Hicks	13b. MOTHER'S MAIDEN NAME: Elizabeth Mc Coskrie	14. NAME OF HUSBAND OR WIFE: Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No	16. SOCIAL SECURITY NO.: None	17. INFORMANT: Sam Curnow Address: Breckenridge, Mo.			

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)	acute myocardial infarction	1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	coronary artery disease	unknown
DUE TO (c)	Hypertensive vascular disease	unknown

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

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 2/27/1960, to 1/8/62 and last saw her/him alive on 1/8/62

Death occurred at 4:15 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): William L. Fair, M.D.	22b. ADDRESS: Chillicothe, Mo.	22c. DATE SIGNED: 1/12/62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Jan 10, 1962	23c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery
23d. LOCATION (City, town, or county) (State): Breckenridge, Mo.		
24. FUNERAL DIRECTOR: Mead-Pitts ADDRESS: Breckenridge, Mo.	25. DATE RECD. BY LOCAL REG.: 1-17-62	26. REGISTRAR'S SIGNATURE: Mrs. Ruth Ann Twyggart

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | AMENDED

BY AFFIDAVIT OF DOCUMENT

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 John W. Pitts

Licensed Embalmer No. 5074

P. O. Address Bryanor, Me

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.