

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007450

STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 40

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED FEB 21 1962

1. PLACE OF DEATH
 a. COUNTY **Phelps**
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN **Rolla** Length of stay in lb **10 years**
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **108 N. Rucker Street** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY **Phelps**
 c. CITY OR TOWN **Rolla** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **108 N. Rucker St.** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
MAGGIE ANN CURTIS

4. DATE OF DEATH Month Day Year
February 5, 1962

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **5/30/88** 9. AGE (last birthday) **73**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Own Home** 11. BIRTHPLACE (City and state or country) **Lecoma, Missouri** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Washington Miller** 13b. MOTHER'S MAIDEN NAME **Lucy Phelps** 14. NAME OF HUSBAND OR WIFE **William (dec.)**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT **Frank Curtis** Address **Rolla, Missouri**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Coronary thrombosis with acute embolism**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Cardio Vascular renal disease**
 DUE TO (c) **Cardio Vascular renal disease**
 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, Month, Day, Year
 a.m. p.m.

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 **May 1954** to **Feb 5 1962** and last saw her/him alive on **Feb 1, 1962**
 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Richard H. Myers** 22b. ADDRESS **Newburg Mo.** 22c. DATE SIGNED **2/10/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **Feb. 10, 1962** 23c. NAME OF CEMETERY OR CREMATORY **Rhea Cemetery** 23d. LOCATION (City, town, or county) (State) **Phelps County, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Null & Son Funeral Home** 25. DATE RECD. BY LOCAL REG. **Feb. 10, 1962** 26. REGISTRAR'S SIGNATURE **Nadene L. Stoll**
 By **Paul E. Null** Rolla

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 Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.