MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-032091
STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 212

FILED SEP 4 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Moberly
Length of stay in 1b: 24 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Woodland Hospital & Clinic
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Monroe
c. CITY OR TOWN: Paris
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): W. Locust St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Samuel Middle: Harve Last: Curtright

4. DATE OF DEATH: Month: August Day: 24, Year: 1962

5. SEX: M

6. COLOR OR RACE: W

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 6/12/1867

9. AGE (last birthday): 95

IF UNDER 1 YEAR: Months 2 Days 12
IF UNDER 24 HR: Hours -- Min. ---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (City and state or country): Monroe Co., Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Henry L. Curtright

13b. MOTHER'S MAIDEN NAME: Mattie Arnold

14. NAME OF HUSBAND OR WIFE: Paulina Curtright

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 Address: Mrs. Paul Gerster, Paris, 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) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis, general. — years
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Fracture, hip, left; Prostatic hypertrophy

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.)
Fall

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year: 10:00 a.m. July 30, '62

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.): Nursing Home

20f. CITY, TOWN, OR LOCATION: Paris COUNTY: Monroe STATE: Missouri

21. I attended the deceased from 31 July to 24 August and last saw ~~xx~~ him alive on 24 August
Death occurred at 3:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Avery P. Rowlette, M.D.

22b. ADDRESS: % Woodland Hosp., Moberly, Mo.

22c. DATE SIGNED: 8/24/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Aug. 25, 1962

23c. NAME OF CEMETERY OR CREMATORY: Walnut Grove Cemetery

23d. LOCATION (City, town, or county) (State): Paris, Mo.

24. FUNERAL DIRECTOR: E. H. Agnew ADDRESS: Paris, Mo.

25. DATE RECD. BY LOCAL REG.: 8-25-62

26. REGISTRAR'S SIGNATURE: Leake Lowe

(Licensed Embalmer's Statement on Reverse Side)

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 E W Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, 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.