

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033242

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 186

FILED AUG 26 1963

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Monroe</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moberly, Mo.</u>		c. CITY OR TOWN <u>Holliday, Mo.</u>	
Length of stay in 1b <u>1hr. 15min.</u>		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>		d. STREET ADDRESS (If outside, give location) Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Essie Gray Arnold</u>		4. DATE OF DEATH Month Day Year <u>Aug. 14 1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH <u>5-31-1887</u>
9. AGE (last birthday) <u>76</u>		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (City and state or country) <u>Monroe County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Dan Lee Curtright</u>		13b. MOTHER'S MAIDEN NAME <u>Nora Lee Barker</u>	
14. NAME OF HUSBAND OR WIFE <u>Lewis Curtright</u>		Address <u>Holliday, Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-38-3486</u>	
17. INFORMANT <u>None</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Respiratory acodosis</u> Emphysema Cor Pulmonale DUE TO (b) <u>??</u> DUE TO (c) <u>??</u>	
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 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 <u>Aug 14th</u> to <u>Aug 14th</u> and last saw her alive on <u>Aug 14th</u> Death occurred at <u>9 am</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Thos. S. Fleming, M.D.</u>	
22b. ADDRESS <u>Moberly Mo.</u>		22c. DATE SIGNED <u>8/14/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-16-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Holliday Mo.</u>		24. FUNERAL DIRECTOR <u>Thompson-Mackler Madison, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>8/16/63</u>		26. REGISTRAR'S SIGNATURE <u>St. Cyril White</u>	

USE BLACK INK
OR
TYPEWRITER RIBBONAMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

SEP 6 1968

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

Joseph R. Mackler

Licensed Embalmer No. 4571

P. O. Address Martin, 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.