

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-044903

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 274 Primary Registration District No. 4408 Registrar's No. 414

STATE FILE NUMBER

FILED DEC 10 1963

1. PLACE OF DEATH a. COUNTY <u>Pettis County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Smithton</u> Length of stay in 1b <u>4-years</u>		c. CITY OR TOWN <u>Smithton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u> Side Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Pearley</u> Middle <u>Mae</u> Last <u>Kurtz</u>			4. DATE OF DEATH <u>December - 6 - 1963</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-4-1896</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even retired) <u>House Work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	9. AGE (last birthday) <u>67-years</u>
13a. FATHER'S NAME <u>Pete Kurtz</u>		13b. MOTHER'S MAIDEN NAME <u>Ameller Maness</u>	11. BIRTHPLACE (City and state or country) <u>Flora, Mo</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>-</u>		16. SOCIAL SECURITY NO. <u>-</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
17. INFORMANT <u>Opal Schroder - Sister - Smithton, Mo</u>		14. NAME OF HUSBAND OR WIFE <u>-</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>Natural Cause</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: 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) <u>-</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>-</u> a.m. <u>-</u> p.m. <u>-</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Smithton, Mo.</u> COUNTY <u>Morgan</u> STATE <u>Missouri</u>
21. I attended the deceased from <u>July 1963</u> to <u>Nov. 1963</u> and last saw her alive on <u>Nov. 1963</u> Death occurred at <u>7:5:30</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>B. J. Boatright, D.O.</u>		22b. ADDRESS <u>Smithton, Mo.</u>	22c. DATE SIGNED <u>12-7-63</u>
23b. DATE <u>12-8-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bethlehem Cemetery</u>	23d. LOCATION (City, town, or county) <u>Morgan County - Missouri</u>	
24. FUNERAL DIRECTOR <u>Meranger David Noel Smithton, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Dec. 7, 1963</u>	26. REGISTRAR'S SIGNATURE <u>W. Anderson</u>	

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 Richard D. Conn

Licensed Embalmer No. 4703

P. O. Address Spitzer, 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.