MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

63-047790

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 312

FILED DEC 16 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1	0425
2	0425
3	
4	1
5	2
6	
7	1
8	0
9	4200
10	
11	
12	1-0
13	1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clinton — Length of stay in 1b: 42 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Clinton General — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Henry
c. CITY OR TOWN: Clinton — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 413 E Lincoln — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Vida Middle: May Last: Curtis

4. DATE OF DEATH: Month: Dec Day: 5 Year: 1963

5. SEX: Female

6. COLOR OR RACE: white

7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐

8. DATE OF BIRTH: 3-17-1877

9. AGE (last birthday): 86 — 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:

11. BIRTHPLACE (City and state or country): Iowa

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME:

13b. MOTHER'S MAIDEN NAME:

14. NAME OF HUSBAND OR WIFE: Herbert W Curtis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi[illegible]): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Wm H Walker — Address: Clinton Mo

18. CAUSE OF DEATH (Enter only one cause per line [illegible])

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Pulmonary Edema	12 hours
DUE TO (b)	Arteriosclerotic Haul Disease	5 yrs
DUE TO (c)	Aortic & Mitral Valvular disease	5 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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

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 2-12-59, to 12-5-63 and last saw her alive on 12-5-63

Death occurred at 9:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W D Bradshaw, MD

22b. ADDRESS: Clinton, Mo.

22c. DATE SIGNED: 12-5-63

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

23b. DATE: 12-7-1963

23c. NAME OF CEMETERY OR CREMATORY: Englewood Cem

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

24. FUNERAL DIRECTOR — ADDRESS: Sickman-Dunning FH Clinton Mo

25. DATE RECD. BY LOCAL REG.: 12-9-1963

26. REGISTRAR'S SIGNATURE: Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

Permit Obtained 12-9-63 (M.B.)

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 R. L. Dunning

Licensed Embalmer No. 4210

P. O. Address Clinton 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.