

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-047790

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 139 Primary Registration District No. 3023 Registrar's No. 312 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 16 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Henry</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Henry</u>	b. COUNTY <u>Henry</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clinton</u>	Length of stay in 1b <u>42 days</u>	c. CITY OR TOWN <u>Clinton</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <u>Clinton General</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <u>412 E Lincoln</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First <u>Vida</u>	Middle <u>May</u>	Last <u>Curtis</u>	Month <u>Dec</u>	Day <u>5</u>	Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-17-1877</u>	9. AGE (last birthday) <u>86</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HR 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	11. BIRTHPLACE (City and state or country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	

13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <u>Herbert W Curtis</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>—</u>		17. INFORMANT <u>Wm H Walker Clinton Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u>
IMMEDIATE CAUSE (a) <u>Pulmonary Edema</u>		
DUE TO (b) <u>Arteriosclerotic Heart Disease</u>		<u>5 yrs</u>
DUE TO (c) <u>Aortic + Mitral Valvular disease</u>		<u>5 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Inanition</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 a.m. p.m.	Month, Day, Year	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Clinton</u>	COUNTY <u>Mo</u>	STATE <u>Mo</u>
21. I attended the deceased from <u>2-12-59</u> to <u>12-5-63</u> and last saw her alive on <u>12-5-63</u> Death occurred at <u>9:00 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <u>W D Bradshaw, M.D.</u>	22b. ADDRESS <u>Clinton, Mo.</u>	22c. DATE SIGNED <u>12-5-63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-7-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Englewood cem</u>	23d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>
24. FUNERAL DIRECTOR <u>Sickman-Dunning FH</u>	ADDRESS <u>Clinton Mo</u>	25. DATE RECD. BY LOCAL REG. <u>12-9-1963</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DATE AMENDED

BY AFFIDAVIT OF MEDICAL CERTIFICATION DOCUMENT

VS 300 Rev. 4/59  
10425  
20425  
3  
4 1  
5 2  
6  
7 1  
8  
9 1/200  
10  
11  
12 1-0  
13 1-0

0211 10-1-12

**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. P. Dunning

Licensed Embalmer No. 4910

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.

Permit Obtained 12-9-63

(M.B.)