

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

67 0004933

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 336 Primary Registration District No. 6126 Registrar's No. 330

FILED JAN 10 1967

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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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

|   |  |   |  |  |  |   |
|---|--|---|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Shannon</u>   |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Shannon</u> |  |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>CURRENT TWP.</u>  |  | Length of stay in 1b<br><u>30 years</u>   | c. CITY OR TOWN <u>Ellington</u>   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>         |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Own Home</u>  |  |   | d. STREET ADDRESS (If outside, give location)<br><u>14 Mi West of Ellington on highway HH</u>  |  | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>        |   |
| 3. NAME OF DECEASED<br>(Type or print) <u>Lizzie Curd</u>   |  |   | First  | Middle   | 4. DATE OF DEATH<br>Month <u>1</u> Day <u>6</u> Year <u>67</u>                               |   |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>White</u>       | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><u>3-9-92</u>  | 9. AGE (last birthday) <u>73</u><br>IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min. |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Home</u>   |  | 11. BIRTHPLACE (City and state or country)<br><u>Bloomfield, Mo.</u>                         | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u> |
| 13a. FATHER'S NAME<br><u>Andy Robey</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Nellie Stroup</u>   |  |  | 14. NAME OF HUSBAND OR WIFE<br><u>Marion Curd</u>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u>  |  |   | 16. SOCIAL SECURITY NO.<br><u>NONE</u>   |  | 17. INFORMANT<br><u>Marion Curd</u> Address <u>Ellington, Mo</u>                             |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>MYOCARDIAL DEGENERATION</u><br>DUE TO (b) <u>POSTERIOR INFARCTION (Dec 23/66)</u><br>DUE TO (c) <u>ARTERIO-SCLEROSIS &amp; HYPERTENSION 15 yrs.</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 wks</u><br><u>2 wks</u><br><u>15 yrs.</u>           |   |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour a.m. p.m.   | Month, Day, Year                       |   |  |  |  |   |
| 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   | COUNTY   | STATE                                     |
| 21. I attended the deceased from <u>1950</u> to <u>Jan 5/67</u> and last saw her alive on <u>Jan 5/67</u><br>Death occurred at <u>2:10</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.  |  |   |  |  |  |   |
| 22a. SIGNATURE (Degree & title)<br><u>Kenneth T. Carley, M.D.</u>   |  |   | 22b. ADDRESS<br><u>Ellington, Missouri</u>   |  | 22c. DATE SIGNED<br><u>1/7/67</u>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>1-8-67</u>             | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Walker Cemetery</u>  |  | 23d. LOCATION (City, town, or county)<br><u>Bloomfield, Mo.</u>                              |  | (State)                                   |
| 24. FUNERAL DIRECTOR<br><u>Pewitt Funeral Home, Ellington, Mo.</u>  |  |   | ADDRESS  | 25. DATE RECD. BY LOCAL REG.<br><u>Jan 9, 1967</u>   | 26. REGISTRAR'S SIGNATURE<br><u>Mabel Roelke</u>   |   |

**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,

for by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Chas. S. Smith

Licensed Embalmer No. 4574

P. O. Address Ellington, Missouri

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.