

FILED SEP 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29078

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 148

1. PLACE OF DEATH a. COUNTY <u>Lebanon</u>		2. USUAL RESIDENCE (Where deceased lived if institution; residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Lebanon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>rural Wash Sup.</u>	c. LENGTH OF STAY (in this place) <u>3 mo</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3</u>		d. STREET ADDRESS (If rural, give location) <input checked="" type="checkbox"/>	
3. NAME OF DECEASED a. (First) <u>Charlie</u> b. (Middle) _____ c. (Last) <u>Curran</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-1-49</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>7-20-1872</u>
9. AGE (In years last birthday) <u>77</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Printing</u>	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) <u>Ohio</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>John Curran</u>	
13b. MOTHER'S MAIDEN NAME <u>Christiana Frederick</u>		14. NAME OF HUSBAND OR WIFE <u>Widowed</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>unknown</u>	
17. INFIRMANT'S SIGNATURE OR NAME <u>Hospital records, New</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Insufficiency</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mitral Stenosis Chron</u> DUE TO (c) <input checked="" type="checkbox"/> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>4/ox</u>	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. DATE OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>7-10</u> , 19 <u>49</u> , to <u>9-1</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>9-1</u> , 19 <u>49</u> , and that death occurred at <u>7:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>R. G. Hall MD</u>		23b. ADDRESS <u>Lebanon Mo</u>	
23c. DATE SIGNED <u>9-1-49</u>		23d. LOCATION (City, town, or county) (State) <u>Mo</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>9-2-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Bolton</u>		24d. LOCATION (City, town, or county) (State) <u>Lebanon Mo</u>	
DATE REC'D BY LOCAL REG <u>Sept. 2, 1949</u>		REGISTRAR'S SIGNATURE <u>Ruth H. Yancy</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Palmer's</u>		ADDRESS <u>Lebanon Mo</u>	

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80

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 8-49-1067

Date Filed 9-7-49

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.

Signed S R Palmer

Signed.....
Student Embalmer

Licensed Embalmer No. 2208

P. O. Address Libanon 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 this body is not embalmed, fact should be so stated above.