

FILED JUL 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21116

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5906 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <u>PEMISCOT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PEMISCOT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WARDELL, RURAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL WARDELL</u>	
c. LENGTH OF STAY (In this place) <u>5 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>RURAL ROUTE 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Route 1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GLENN</u> b. (Middle) _____ c. (Last) <u>CURRENCE</u>			4. DATE OF DEATH (Month) <u>22</u> (Day) <u>1950</u> (Year) <u>1950</u>	
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5. SEX <u>2</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>UNKNOWN</u>	9. AGE (In years last birthday) <u>58</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 2 WKS: Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>YORKVILLE, MISS. 1</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>GEORGE CURRENCE</u>	13b. MOTHER'S MAIDEN NAME <u>MARY WRIGHT</u>	14. NAME OF HUSBAND OR WIFE <u>MARY CURRENCE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no) <u>YES</u> (If yes, give year or date of service) <u>W.W. 1</u>	16. SOCIAL SECURITY NO. <u>W.W. 1</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MARY CURRENCE</u> ADDRESS <u>WARDELL, MO</u>
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18. CAUSE OF DEATH (Under other cause per 115c of Reg. 108.040 (c) This does not mean mode of dying such as heart failure, pneumonia, etc. It means the disease, injury, or complication which caused death.)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage.</u>		several years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive cardio-Renal syndrome</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			years

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>none 44 2X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>none</u>
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22. I hereby certify that I attended the deceased from 6/17, 1950, to 6/19, 1950, that I last saw the deceased alive on 6/19, 1950, and that death occurred at 11 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James Cable D.O. 2</u>	23b. ADDRESS <u>Wardell, Mo.</u>	23c. DATE SIGNED <u>6-27-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6-25-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WARDELL</u>	24d. LOCATION (City, town, or county) (State) <u>WARDELL, MO.</u>
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DATE REC'D BY LOCAL REG. <u>6-29-50</u>	REGISTRAR'S SIGNATURE <u>John F. German</u>	406 FUNERAL DIRECTOR'S SIGNATURE <u>Jimmy Osburn</u> ADDRESS <u>Wardell, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

780

6-50-177

EMISCOT

JUL 19 1950

AUG 7 1950

EMISCOT

WARDEN

WARDEN

ROUTE 1

ROUTE 1

DATE OF DEATH

DATE

CORRECTION

DEPARTMENT

DEPARTMENT

DEPARTMENT

JUN 30 REC'D

JUL 7 1950

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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
Student Embalmer

Signed *James A. Osburn*

Licensed Embalmer No. *4185*

P. O. Address *Wardell, 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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Pemiscot } ss.

State File No. 21116
Local Registrar's No. 87

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 2nd day of August, 1950, before me appears
Jimmy Osburn, who, upon his oath, states that the original record of ^{birth} death
for Glen Currence ^{died} June 22, 1950, in the State of
Missouri, and which was filed at Jefferson City, Mo. on July 20, 1950, should be corrected as follows:

Item No. 4 should read June 22-1950

Instead of June 27-1950

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief

(SEAL) Affiant Jimmy Osburn None
Relationship.

Wardell, Mo.
Present Address.

Subscribed and sworn to before me this 2nd day of August, 1950.

My Commission expires March 23, 1951
Glen Petersen Notary Public.