

FILED SEP 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29184

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>952</u>		PRIMARY REG. DIST. NO. <u>6182</u>		Registrar's No. <u>55</u>		
1. PLACE OF DEATH a. COUNTY <u>TANEY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>TANEY</u>				
b. CITY (If outside corporate limits write RURAL and give town) <u>Carol Cornin Bend</u>		c. LENGTH OF STAY (In this place) <u>years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>rural Cornin Bend</u>		d. STREET ADDRESS (If rural, give location) <u>1060</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kiser Mills, Mo</u>				d. STREET ADDRESS <u>rural</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>DORA</u> b. (Middle) <u>Beth</u> c. (Last) <u>CURRY</u>			4. DATE OF DEATH 1. (Month) <u>Aug</u> 2. (Day) <u>14</u> 3. (Year) <u>1950</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan. 10 1882</u>		
9. AGE (In years last birthday) <u>68</u>		10. UNDER 1 YEAR Months <u>7</u> Days <u>4</u>		11. UNDER 18 HRS. Hours <u>7</u> Min. <u>4</u>		9. AGE (In years last birthday) <u>68</u>		
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 <u>breakfasting</u>		11. BIRTHPLACE (State or foreign country) <u>Taney Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Bill Clark</u>			13b. MOTHER'S MARDEN NAME <u>Mary Williams</u>			14. NAME OF HUSBAND OR WIFE <u>Cornelius Curry</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Cornelius Curry Kiser Mills Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cerebral hemorrhage</u>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				INTERVAL BETWEEN ONSET AND DEATH <u>April 1950</u>				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				DUE TO (b) <u>Heart failure</u>				
DUE TO (c) _____				DUE TO (a) _____				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		331X		
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>April 1950</u> , to <u>Aug</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>April 1950</u> , and that death occurred at <u>100</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>W. E. Cogwell M.D.</u>				23b. ADDRESS <u>W. E. Cogwell M.D.</u>		23c. DATE SIGNED <u>9/15/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>8-16-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brown Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cedar Creek, Mo</u>		
DATE REC'D BY LOCAL REG. <u>Aug, 25-1950</u>		REGISTRAR'S SIGNATURE <u>W. E. Cogwell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Joseph J. ...</u>		ADDRESS <u>...</u>		

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

1060

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED AUG 28 1950

Dist. File 850-1827

Date Filed Aug 28 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Walter S. Cobb

Signed.....
Student Embalmer

Licensed Embalmer No. 4731

P. O. Address Springfield, 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.