

FILED OCT 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35948

BIRTH NO. _____ REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 4519 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY TEXAS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Texas	
b. CITY OR TOWN Cabool	c. LENGTH OF STAY (in this place) 44 yrs	c. CITY (If outside corporate limits, write RURAL and give township) Cabool 1070	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) SAMUEL b. (Middle) HENRY c. (Last) CURRY			4. DATE OF DEATH (Month) (Day) (Year) Oct 17 1950		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov 27 1874	9. AGE (In years last birthday) 73	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (If we kind of work done during most of working life, even if retired) Lumberman		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Elk Creek Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Samuel Curry	13b. MOTHER'S MAIDEN NAME Charity Jackson	14. NAME OF HUSBAND OR WIFE Rosa Curry
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Spanish American War	16. SOCIAL SECURITY NO. 496-01-4771	17. INFORMANT'S SIGNATURE OR NAME Rosa Curry	ADDRESS Cabool Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Amyotrophic Lateral Sclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		3561	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) m.	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 Oct 14, 1950, to Oct 16, 1950, that I last saw the deceased alive on Oct 16, 1950, and that death occurred at 10:00 m., from the causes and on the date stated above.

23a. SIGNATURE Garrett Hoag (Degree or title)	23b. ADDRESS Cabool Mo	23c. DATE SIGNED Oct 18 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 19 - 50	24c. NAME OF CEMETERY OR CREMATORY Cabool	24d. LOCATION (City, town, or county) (State) Cabool Texas Mo
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DATE REC'D BY LOCAL REG. 10-19-50	REGISTRAR'S SIGNATURE Gaynell Cunningham Taylor	25. FUNERAL DIRECTOR'S SIGNATURE Elliott	ADDRESS Cabool Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

RECEIVED OCT 23 1950
Dist. File 1050-2138
Date Filed 10-23-50

DEC 5 1950

OCT 30 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.....

....., Student Embalmer No.

working under my personal supervision.

Signed.....
Student Embalmer

Signed James L. Gentry
Licensed Embalmer No. 4718
P. O. Address Calver, 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.