

FILED OCT 21 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34124

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 81

0030

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, write RURAL and give township) Town Fairfax		c. CITY (If outside corporate limits, write RURAL and give township) Town Tarkio	
c. LENGTH OF STAY (in this place) 25 days		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fairfax Community Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) A c. (Last) CURRIE			4. DATE OF DEATH (Month) (Day) (Year) Oct 4 1952		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Feb 22, 1872			9. AGE (In years) last birthday 80		10. UNDER 1 YEAR Months 7 Days 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret'd minister			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Tarkio, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME John Currie		13b. MOTHER'S MAIDEN NAME Elizabeth Currie		14. NAME OF HUSBAND OR WIFE Minnie Currie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Miss Dorothy Currie ADDRESS Tarkio, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 24 days	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular accident		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) Hypertensive-arteriosclerotic		DUE TO (c) Coronary-vascular disease			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 **7/26/52, 19**, to **10/4/52, 19**, that I last saw the deceased alive on **10/3/52, 19**, and that death occurred at **4:10 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE: G. Widermeyer, M.D. (Degree or title)		23b. ADDRESS Tarkio, Mo.		23c. DATE SIGNED 10/6/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 10/6/52		24c. NAME OF CEMETERY OR CREMATORY Home Cemetery	
24d. LOCATION (City, town, or county) (State) Tarkio, Mo.		DATE REC'D BY LOCAL REG. Oct 15, 1952		REGISTRAR'S SIGNATURE Harvin N. Schaefer	
25. FUNERAL DIRECTOR'S SIGNATURE Davis Funeral Home		ADDRESS Tarkio, Mo.			

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

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 _____

John M. Davis
Licensed Embalmer No. 2394

P. O. Address Tarkio, 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.