

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18401**

FILED JUN 21 1954

BIRTH NO. _____ REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 5326 Registrar's No. 15

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

1. PLACE OF DEATH a. COUNTY <u>CRAWFORD</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CRAWFORD</u>	
b. CITY (If outside corporate limits, write RURAL and give STAY in this place) OR TOWN <u>RURAL COURTOISE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - INTERVALE, 280</u>	
c. LENGTH OF STAY (in this place) <u>8 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>7 MILES SE OF STEELVILLE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 MILES SE OF STEELVILLE</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANCIS</u> b. (Middle) <u>CURRAN</u> c. (Last) <u>CURRAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 8, 1954</u>		
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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>JULY 3, 1909</u>	9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Month <u>11</u> Days <u>5</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>MARQUETTE, ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>THOMAS CURRAN</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET BROWN</u>		14. NAME OF HUSBAND OR WIFE <u>MABLE MATILDA CURRAN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>498-16-1420</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JAMES CURRAN - STEELVILLE, MO.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>The find. death.</u>		DUE TO (b) <u>due to gun shot</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.		DUE TO (c) <u>would self inflicted.</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>inflicted.</u>							

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, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Steelville Crawford MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-8-54 4:00 P.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>James M. Jones</u> (Degree or title) _____	23b. ADDRESS <u>Steelville MO</u>	23c. DATE SIGNED <u>June 9, 54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6-10-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>STEELVILLE CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>STEELVILLE, MO.</u>
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DATE REC'D BY LOCAL REG. <u>6/18/54</u>	REGISTRAR'S SIGNATURE <u>Mrs. Hazel Lichner</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Flowers & Halbert STEELVILLE, MO.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 Thomas R. Thayer

Licensed Embalmer No. 4334

P. O. Address Keokuk, 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.