

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 335

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|---|--|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Pettis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri | | b. COUNTY Pettis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia | | c. CITY OR TOWN Sedalia | | d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. LENGTH OF STAY (in this place) _____ | | e. STREET ADDRESS (If rural, give location) 1601 S. Barrett | | 08070 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1622 S. Sneed | | | | | |

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|--|--|-------------------------------|---|---|------------------------|---|---|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) GRACE | | | b. (Middle) SIMPSON | | c. (Last) CURRY | | 4. DATE OF DEATH (Month) (Day) (Year) Sept. 9, 1954 | | | | |
| 5. SEX Fe | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH Aug. 28, 1873 | | 9. AGE (In years last birthday) 81 | | if UNDER 1 YEAR Months _____ Days _____ | if UNDER 1 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | | 10b. KIND OF BUSINESS OR INDUSTRY own home | | | 11. BIRTHPLACE (City and State or Foreign Country) Caldwell County, Kentucky | | | 12. CITIZEN OF WHAT COUNTRY? USA | | |

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|---|--|--|--|--|--|--|--|
| 13a. FATHER'S NAME Thomas B. Simpson | | 13b. MOTHER'S MAIDEN NAME Sarah McChesney | | 14. NAME OF HUSBAND OR WIFE John Lewis Curry (Deceased) | | | |
| 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 J. L. Curry, Sedalia, 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure, acute | | | | | | INTERVAL BETWEEN ONSET AND DEATH 1 day. | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cause unknown. | | | | | | | |
| | | DUE TO (c) _____ | | | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of bladder | | | | | | 3 mo. | |

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| 19a. DATE OF OPERATION 8/23/54 | | 19b. MAJOR FINDINGS OF OPERATION Carcinoma of bladder | | | | 181X | | 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 Aug 17, 1954, to Sept 9, 1954, that I last saw the deceased alive on Sept 7, 1954, and that death occurred at 9:45p m., from the causes and on the date stated above.

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| 23a. SIGNATURE John E. Lamy M.D. | | (Degree or title) | | 23b. ADDRESS 111 West 4th Sedalia Mo | | 23c. DATE SIGNED 9/10/54 | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 9/11/54 | | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park | | 24d. LOCATION (City, town, or county) (State) Sedalia, Missouri | | | |
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| DATE REC'D BY LOCAL REG. 9-11-54 | | REGISTRAR'S SIGNATURE Lurina Coonts Spotts | | 251 | | 25. FUNERAL DIRECTOR'S SIGNATURE DW Stewart ADDRESS Sedalia, Mo | | | |
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

STANDARD CERTIFICATE OF DEATH

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.....
Signature of Student Embalmer

Signed.....

W. Heekart
Licensed Embalmer No. *34*

P. O. Address *Sedale*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.