

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**3714**

State File No. \_\_\_\_\_

No. 300  
10.48

**FILED MAR 6 1956**

BIRTH NO. 4579-56 REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 3001 Registrar's No. 4

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Audrain</u>	a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vandalia</u>	c. LENGTH OF STAY (in this place) <u>6 days</u>	c. CITY OR TOWN <u>Vandalia</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dougherty Clinic</u>		e. STREET ADDRESS (If rural, give location) <u>604 1/2</u>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>Jackie Sue</u>	b. (Middle)	c. (Last) <u>McCurdy</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Feb. 26 1956</u>
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<b>5. SEX</b> <u>F</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>NEVER MARRIED</u>	<b>8. DATE OF BIRTH</b> <u>Feb. 20, 1956</u>	<b>9. AGE</b> (In years last birthday)	IF UNDER 1 YEAR Months <u>6</u>	IF UNDER 12 HRS. Days <u>6</u>	Hours <u>4</u>	Min. <u>0</u>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <input checked="" type="checkbox"/>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A</u>
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<b>13a. FATHER'S NAME</b> <u>George W. McCurdy</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Nellie Ray Hickson</u>	<b>14. NAME OF HUSBAND/ OR WIFE</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown)	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>George W. McCurdy, Vandalia, Mo.</u>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>24 hrs.</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>pneumonia</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b)</b> <u>Premature Infant.</u> <b>DUE TO (c)</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS.</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>7635</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from 2/20, 1956, to 2-26, 1956, that I last saw the deceased alive on 2/26, 1956, and that death occurred at 4:20pm., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>J.R. Dougherty MD</u>	(Degree or title) <u>MD</u>	<b>23b. ADDRESS</b> <u>Vandalia, Mo.</u>	<b>23c. DATE SIGNED</b> <u>2/27/56</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>Feb. 27, 1956</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Mt. Olive Cemetery, Audrain County, Mo</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Audrain County, Mo</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>2/29/56</u>	<b>REGISTRAR'S SIGNATURE</b> <u>T. Nellie Ferguson</u>	<b>25. JUNE 1954, DATE OF REGISTAR'S SIGNATURE</b> <u>W.B. Waters</u>	<b>ADDRESS</b> <u>Vandalia, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

2241

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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 *William B. Waters*.....

Licensed Embalmer No. *4164*.....

P. O. Address *Dundalk, Md.*.....

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.