

FILED JUL 18 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24309

State File No. 17

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 176 PRIMARY REG. DIST. NO. 4278 Registrar's No. 17 77

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Red Oak Red Oak	c. LENGTH OF STAY (In this place) Nature	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Red Oak 550	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence		d. STREET ADDRESS (If rural, give location) LaRussell R.F.D. 0	

3. NAME OF DECEASED (Type or Print) a. (First) Edith	b. (Middle) May	c. (Last) Curry	4. DATE OF DEATH (Month) (Day) (Year) 7-2-1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 9-30-1886	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 0	IF UNDER 6 HRS. Days 2	IF UNDER 15 MIN. Hours 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Lawrence Co.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Webster Curry	13b. MOTHER'S MAIDEN NAME Helphie Vinson	14. NAME OF HUSBAND OR WIFE
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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 Ward Curry	ADDRESS LaRussell R.F.D.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart disease		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) } disease		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension		

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)
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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?
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22. I hereby certify that I attended the deceased from Jan. 1, 1954, to 7-2, 1956, that I last saw the deceased alive on 6-25, 1956, and that death occurred at 9:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE W. S. Bussey M.D.	(Degree or title)	23b. ADDRESS Miller, mo	23c. DATE SIGNED 7-14-56
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24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE 7-5-1956	24c. NAME OF CEMETERY OR CREMATORY Red Oak	24d. LOCATION (City, town, or county) (State) Red Oak Mo.
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DATE REC'D BY LOCAL REG. 7-14-56	REGISTRAR'S SIGNATURE W. S. Bussey	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Morris Simon Miller Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1500

AUG 9 1958

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 *E. H. Seiman*

Licensed Embalmer No. *3297*

P. O. Address *Miller 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.