

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36829

STATE FILE NUMBER

FILED NOV 4 1957

Registration District No. 267 Primary Registration District No. 5900 Registrar's No. 181

1. PLACE OF DEATH a. COUNTY <u>Kenosca</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Kenosca</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hearing, TWP.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Hearing</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 mi N.E. Hearing</u> Length of stay in 1b <u>27 yrs</u>		d. STREET ADDRESS (If outside, give location) <u>1 mi N.E. Hearing</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>MONTGOMERY, D. CURRIN</u> First Middle Last		4. DATE OF DEATH <u>10 22 57</u> Month Day Year	
5. SEX <u>male</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>7-25-1894</u>
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR <u>2</u> Months <u>27</u> Days	IF UNDER 24 HRS. <u>0</u> Hours <u>0</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cattle farm</u>	
11. BIRTHPLACE (City and state of country) <u>Brownsville Tenn</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13. FATHER'S NAME <u>Wyatt Currin</u>		14. MOTHER'S MAIDEN NAME <u>Mary N. Beard</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>499-40-1954</u>	
17. INFORMANT <u>Edna Currin</u> Address <u>3 Bagg City, MO</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of prostate - metastasis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>undata</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>177X</u>	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	
20f. CITY, TOWN, OR LOCATION _____		COUNTY _____ STATE _____	
21. I attended the deceased from <u>22 Oct 1957</u> to <u>26 Oct 1957</u> and last saw her him alive on <u>26 Oct 1957</u> . Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>F. J. Smith</u> (Degree or title)		22b. ADDRESS <u>Barthsville mo</u>	
22c. DATE SIGNED <u>10/26/57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>10-25-57</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>St Luke</u>		23d. LOCATION (City, town, or county) (State) <u>Stater, Tenn.</u>	
24. FUNERAL DIRECTOR <u>J. Smith</u> ADDRESS <u>Hugh, MO</u>		25. DATE RECD. BY LOCAL REG. <u>10-28-57</u>	
26. REGISTRAR'S SIGNATURE <u>John H. German</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Health & Welfare Public Service
300
1-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

10-315-57

OCT 3 1957

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 *[Handwritten Signature]*

Licensed Embalmer No. *262*

P. O. Address *[Handwritten Address]*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.