Health, Welfare Public Service

300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002356
STATE FILE NUMBER

FILED JAN 19 1959 Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 21

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 OR TOWN: Sedalia — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN: Sedalia — Inside Limits Yes [ ] No [X]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Bothwell Hospital — Length of stay in Ib: 10 minutes	d. STREET ADDRESS (If outside, give location): Route 4, Georgetown — Reside on Farm Yes [ ] No [X]

3. NAME OF DEECEASED (Type or print): First GEORGE Middle WALLACE Last CURRY

4. DATE OF DEATH: Month January Day 13 Year 1959

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Dec. 28, 1879

9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Carptnter Retired

10b. KIND OF BUSINESS OR INDUSTRY: Gen. Agri.

11. BIRTHPLACE (City and state or country): Pettis County, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: William A. Curry

13b. MOTHER'S MAIDEN NAME: Mary Ann Hall

14. NAME OF HUSBAND OR WIFE: Ruby Baker Curry

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or Unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Ruby Curry, Rt. 4, Sedalia, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Coronary Thrombosis	instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary Arteriosclerosis	unknown
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Previous Myocardial Infarction (11-1-58) 4 20 1

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 11-1-58, to 1-13-59 and last saw him alive on 1-5-59. Death occurred at 9:40 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: T. S. Hopkins (Degree or title) M.D.

22b. ADDRESS: 1609 S. Limit Sedalia, Mo.

22c. DATE SIGNED: 1-15-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1/15/59

23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery

23d. LOCATION (City, town, or county) (State): Sedalia, Missouri

24. FUNERAL DIRECTOR: Duane Earing ADDRESS: Sedalia, Mo.

25. DATE RECD. BY LOCAL REG.: 1-15-1959

26. REGISTRAR'S SIGNATURE: Frances Shelby

(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 ..... Signature of Student Embalmer

Signed R. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.