

40488

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 13 1949

V.S. No. 300
Rev. 10-48

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 288

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>12 36 Keller St.</u>		d. STREET ADDRESS (If rural, give location) <u>1236 Keller</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Ann</u> c. (Last) <u>Curry</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-20-1948</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug 10, 1869</u>
9. AGE (In years last birthday) <u>79</u>		10. IF UNDER 1 YEAR Months <u>4</u> Days <u>10</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Lawrence co., Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>J.W. Griffith</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary M. Guinn</u>		14. NAME OF HUSBAND OR WIFE <u>David Edward Curry</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rev. David A. Curry Carthage, Mo.</u>
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, asthenia, etc. It means the disease, injury, or complication which caused death. <u>186a</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of rt. hip</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause: (a) stating the underlying cause last. DUE TO (b) <u>Senile Dementia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>18</u>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Carthage Jasper, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct. 20-1948 - m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>Fell in her own home</u>	
22. I hereby certify that I attended the deceased from <u>10-22</u> , 19 <u>48</u> , to <u>Dec 20</u> , 19 <u>48</u> , that I last saw the deceased alive on <u>Dec 14</u> , 19 <u>48</u> , and that death occurred at <u>2:20 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. Russell Smith M.D.</u>		23b. ADDRESS <u>Carthage Mo</u>	23c. DATE SIGNED <u>12-22-48</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-22-48</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Gray's Point Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lawrence Co., Mo.</u>
DATE REC'D BY LOCAL REG. <u>12-22-48</u>	REGISTRAR'S SIGNATURE <u>L. B. Clinton M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ed. C. Ulmer, Carthage, Mo.</u>	

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

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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.

Signed.....

John S. Dennehy

Licensed Embalmer No. *4194*

Signed.....
Student Embalmer

P. O. Address.....

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.