

FILED FEB 4 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

849

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>119</u>		PRIMARY REG. DIST. NO. <u>4191</u>		Registrar's No. ....				
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u> b. CITY OR TOWN <u>Gasconade</u> c. LENGTH OF STAY (in this place) <u>7 mo</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gasconade, Mo.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u> c. CITY OR TOWN <u>Osage County, Mo.</u> d. STREET ADDRESS (If rural, give location) <u>/</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cornelia</u> b. (Middle) <u>Belle</u> c. (Last) <u>Curley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 5, 1949</u>							
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Dec. 16, 1876</u>		9. AGE (In years last birthday) <u>72</u> If under 1 year: Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME <u>William Curley</u>			13b. MOTHER'S MAIDEN NAME <u>Serepta Weeks</u>			14. NAME OF HUSBAND OR WIFE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Paul Mantle</u>				ADDRESS <u>Linn, 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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Probable pulmonary tuberculosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>002</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>		
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>0</u>						
22. I hereby certify that I attended the deceased from <u>1/2/</u> , 19 <u>49</u> to <u>1/4/49</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1/4/</u> , 19 <u>49</u> , and that death occurred at <u>3:45 p.m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>Cavel T. Shaw, M.D.</u>				(Degree or title)		23b. ADDRESS <u>Hermann, Mo.</u>		23c. DATE SIGNED <u>1-5-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1/5/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Linn, Mo. Osage</u>				
DATE REC'D BY LOCAL REG. <u>1/5/49</u>		REGISTRAR'S SIGNATURE <u>DOM undweller</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Caryl Pletchore</u>		ADDRESS <u>Linn, Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 4 1949

### 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.....  
Student Embalmer

Signed

*Vernon M. Morton*

Licensed Embalmer No.

*4125*

P. O. Address

*Linn, 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.