

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2109**

JAN 21 1949

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **6**

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 (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia	
d. FULL NAME OF HOSPITAL OR INSTITUTION 410 East 4th St.		d. STREET ADDRESS (If rural, give location) 410 East 4th St.	

3. NAME OF DECEASED (Type or Print) ROSE ANN CURRY	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Jan. 5, 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 11, 1883	9. AGE (In years last birthday) (Specify) 65	IF UNDER 1 YEAR (Month) (Day) (Year) 6 24	IF UNDER 24 HRS. (Hours) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Homemaking	11. BIRTHPLACE (State or foreign country) Benton County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Joseph Lawson	13b. MOTHER'S MAIDEN NAME Margaret Combs	14. NAME OF HUSBAND OR WIFE Miles M. Curry
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Miles M. Curry, 410 E. 4th, Sedalia	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, acute ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 401.2 DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchitis, chronic		INTERVAL BETWEEN ONSET AND DEATH 2 hours
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none	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) (Min.)	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 **viewed** attended the deceased from **As Coroner, 19** to **Jan 5, 1949**, that I last saw the deceased alive on **19**, and that death occurred at **7:15 A.m.**, from the causes and on the date stated above.

22a. SIGNATURE Chas. Jordan Stauffer (Degree or title) 4th Coroner	22b. ADDRESS Sedalia, Missouri	22c. DATE SIGNED Jan 6-1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/7/49	24c. NAME OF CEMETERY OR CREMATORY Longwood Cemetery	24d. LOCATION (City, town, or county) (State) Longwood, Mo.
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DATE REC'D BY LOCAL REG. 1-6-49	REGISTRAR'S SIGNATURE Betty Yeager	25. FUNERAL DIRECTOR'S SIGNATURE Thorne Ewing ADDRESS Sedalia, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No.

District File Number

Date Filed 1-20-49

Dr. Stauffacher

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

RICHARD D. CONN

Student Embalmer No. 261

working under my personal supervision.

Signed Richard D. Conn
Student Embalmer

Signed Rhane Ewing

Licensed Embalmer No. 38777

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