

FILED MAR 3 1949

STANDARD CERTIFICATE OF DEATH

State File No. 4419

BIRTH NO. _____		REG. DIST. NO. <u>101</u>		PRIMARY REG. DIST. NO. <u>5413</u>		Registrar's No. <u>15</u>	
1. PLACE OF DEATH a. COUNTY <u>Douglas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>TOWN Sweden, R. Walls</u>		c. LENGTH OF STAY (In this place) <u>75</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>TOWN Sweden, Rural, Walls</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Presley</u>		b. (Middle) <u>L.</u>		c. (Last) <u>Currier</u>	
4. DATE OF DEATH		(Month) <u>2</u>		(Day) <u>10</u>		(Year) <u>49</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>8-27-73</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Cole County, Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph Currier</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza</u>		14. NAME OF HUSBAND OR WIFE <u>Ebbie Strong Currier</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James Currier</u> ADDRESS <u>Sweden, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heart Block</u> DUE TO (c) <u>General and coronary atherosclerosis</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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>42"</u>				20. AUTOPSY? YES ☐ NO ☐	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>3-20</u> , 19 <u>48</u> , to <u>2-10</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2-1</u> , 19 <u>49</u> , and that death occurred at <u>1:30 a.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. C. G. Harker D.O.</u>				23b. ADDRESS <u>Ava Mo.</u>		23c. DATE SIGNED <u>2-16-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-12-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>#84 Loftin</u>		24d. LOCATION (City, town, or county) (State) <u>Sweden, Missouri</u>	
DATE REC'D BY LOCAL REG <u>2-23-49</u>		REGISTRAR'S SIGNATURE <u>Vesta Bushman</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clinkingbeard Funeral Home, Ava, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 6,
District File Number 249-169
Date Filed 2-28-49

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
Student Embalmer

Signed

Charles P. Rosh

Licensed Embalmer No. 3144

P. O. Address Springville, Pa.

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.