

FILED JUL 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18587

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5109</u>		Registrar's No. <u>43</u>	
1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL CROOKED CREEK Twp</u> c. LENGTH OF STAY (in this place) <u>8 YRS</u> d. FULL NAME OF HOSPITAL OR INSTITUTION _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>BOLLINGER</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL CROOKED CREEK Twp</u> d. STREET ADDRESS (If rural, give location) <u>NEAR BESSVILLE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BEA</u> b. (Middle) <u>ADELINE</u> c. (Last) <u>CURENTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-10-49</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>COMMON LAW WIFE</u>		8. DATE OF BIRTH <u>OCT. 2, 1909</u>		9. AGE (In years last birthday) <u>39</u>		10. IF UNDER 1 YEAR Days <u>8</u> Hours <u>8</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>H.W.F.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>L</u>		11. BIRTHPLACE (State or foreign country) <u>BOLLINGER Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>MONROE JAMES</u>		13b. MOTHER'S MAIDEN NAME <u>JULIA SHELL</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN CURENTON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>L</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JOHN CURENTON</u>		ADDRESS <u>MARKHAM 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, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Food poisoning</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause; (b) eating can of spoiled beans.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death that not related to the disease or condition causing death. 19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>0491</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) <u>Accident</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? _____			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>John J. Myers (Coroner)</u>		23b. ADDRESS <u>Stantonville Mo</u>		23c. DATE SIGNED <u>6/20/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-12-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GRASSY CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>GRASSY MO.</u>	
DATE REC'D BY LOCAL REGS. <u>June 24-49</u>		REGISTRAR'S SIGNATURE <u>Willie Vandenburg</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BAKER FUNERAL HOME</u>		ADDRESS <u>BESSVILLE MO.</u>	

RECEIVED 7-5-49

Sanitary Health Officer No. 4

District File Number 249-82

Date Filed

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.