

FILED MAR 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4457

BIRTH NO. REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 4187 Registrar's No.

0360

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

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Granby	
c. LENGTH OF STAY (in this place) 6 months		d. STREET ADDRESS (If rural, give location) 0730	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) ELLEN McCURDY			4. DATE OF DEATH (Month) (Day) (Year) Feb. 26, 1950		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) Widow	
8. DATE OF BIRTH June 5, 1869		9. AGE (In years last birthday) 80		10. IF UNDER 1 YEAR Days 8 Hours 21	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Lebanon, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Wm. Adkins		13b. MOTHER'S MAIDEN NAME Cynthia McWilliams	
14. NAME OF HUSBAND OR WIFE Edward U. McCurdy		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME William McCurdy		18. ADDRESS Union, Mo.		18. CAUSE OF DEATH	

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) Bacterial Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 3 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerotic Cardio Vascul Disease		DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) m.		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 **2-17**, 19**50**, to **2-26**, 19**50**, that I last saw the deceased alive on **2-26**, 1950, and that death occurred at **10.30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) B.S. Stehlerman M.D.		23b. ADDRESS Union, Missouri		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-28-50		24c. NAME OF CEMETERY OR CREMATORY Granby Cemetery	
24d. LOCATION (City, town, or county) (State) Granby, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Edna Cooper		ADDRESS Union Funeral Home, Union	

DATE REC'D BY LOCAL REG. **Feb 27 1950**
REGISTRAR'S SIGNATURE **F.T. Cooper**
DATE REC'D BY LOCAL REG. **Feb 27 1950**

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MAR 3 1960
District Health Officer No. 9,
District File Number

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 *Harlan Gohannater*

Licensed Embalmer No. *4488*

P. O. Address *Union, 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.