

FILED SEP 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27584

BIRTH NO. REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5786 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Mississippi	
b. CITY OR TOWN Wyatt (Rural)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wyatt (Rural) 0670	
c. LENGTH OF STAY (in this place) 26 yrs.		d. STREET ADDRESS (If rural, give location) 2 miles west	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 miles west			

3. NAME OF DECEASED (Type or Print) John Curry			4. DATE OF DEATH (Month) (Day) (Year) August 6, 1950		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 5, 1875	9. AGE (In years last birthday) 74	10. YOUNGER 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Shaw, Mississippi		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Peter Curry	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Lola Curry
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME Lola Curry, Gen. Del, Wyatt, Missouri	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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mediastinal tumor		INTERVAL BETWEEN ONSET AND DEATH 5 mos
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) K-ray - large chest DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		164X	

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	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)
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 July 21, 1950, to Aug 6, 1950, that I last saw the deceased alive on July 25, 1950, and that death occurred at 8:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE E. Chestnut Loving MD (Degree or title)	23b. ADDRESS Charleston, Mo	23c. DATE SIGNED 8/7/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 10, 1950	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) Charleston, Missouri
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DATE REC'D BY LOCAL REG. 8-18-50	REGISTRAR'S SIGNATURE Mrs. Lay Kilgore 439	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. J. Sparks Charleston, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

AUG 25 REC'D

RECEIVED
Miss. Co. Health Dept
County File No
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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

Frank J. Sparks

Licensed Embalmer No.

3455

P. O. Address

Cape Girardeau

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.