

FILED SEP 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29096  
Registrar's No. 164

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Marshall</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Marshall</b> <b>0972</b>	
c. LENGTH OF STAY (In this place) <b>47 years</b>		d. STREET ADDRESS (If rural, give location) <b>740 East Eastwood</b> <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>740 East Eastwood</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>James</b>	b. (Middle) <b>Wilbur</b>	c. (Last) <b>McCurdy</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>August 26, 1950</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>June 28, 1903</b>	9. AGE (In years last birthday) <b>47</b>	IF UNDER 1 YEAR Months <b>I</b> Days <b>28</b>	IF UNDER 24 HRS. Hour <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Marshall, Missouri</b> <b>0</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>John F. McCurdy</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Alice Brown</b>	14. NAME OF HUSBAND OR WIFE <b>-----</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Brown McCurdy, Marshall, Missouri</b>	ADDRESS <b>Marshall, Missouri</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>35 years</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arthritis Deformans (Stills Disease)</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.		<b>7230</b>	

19a. DATE OF OPERATION	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) <b>Marshall Saline Mo</b>
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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 attended the deceased from **Oct. 1919**, to **Aug 26, 1950**, that I last saw the deceased alive on **Aug. 25, 1950**, and that death occurred at **6:30 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>H. Plarke</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Marshall Mo</b>	23c. DATE SIGNED <b>Aug 28, 1950</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug. 28, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ridge Park cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Marshall, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Aug. 28-1950</b>	REGISTRAR'S SIGNATURE <b>Sidney T. Gray</b> <b>385</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Campbell-Lewis</b>	ADDRESS <b>Marshall, Mo.</b>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

RECEIVED 9/5/50  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 9/5/50

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~~ \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed R. W. Campbell Jr.

Signed.....  
Student Embalmer

Licensed Embalmer No. 3469

P. O. Address Marshall, W.

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.