

25860

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 19 1951

BIRTH NO. _____		REG. DIST. NO. <u>339</u>		PRIMARY REG. DIST. NO. <u>307K</u>		Registrar's No. <u>104</u>	
1. PLACE OF DEATH a. COUNTY <u>Scott</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Sikeston</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Matthews</u>		<u>8720</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Delta Community Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>Rt. # 2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>EUGENE</u> c. (Last) <u>McCurry</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7</u> <u>1</u> <u>51</u>				
5. SEX <u>Male</u>	6. COLOUR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>May 24 1936</u>	9. AGE (In years last birthday) <u>15</u>	IF UNDER 1 YEAR Months <u>2</u>	IF UNDER 1 HRS. Days <u>7</u>	Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during normal working life, even if retired) <u>School</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>School Boy</u>		11. BIRTHPLACE (State or foreign country) <u>MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>M.E. McCurry</u>			13b. MOTHER'S MAIDEN NAME <u>Viola Artis</u>		14. NAME OF HUSBAND OR WIFE <u>None</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>Non</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>M.E. McCurry Mathues M O</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>Subdural hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Falling from moving</u> DUE TO (c) <u>truck on concrete</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>68240</u> <u>32</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 hrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (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) <u>July 1 1951 8:30 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell from moving truck</u>			
22. I hereby certify that I attended the deceased from <u>July 1 1951</u> , to <u>July 1 1951</u> , that I last saw the deceased alive on <u>July 1 1951</u> , and that death occurred at <u>3:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wilson J. Johnson</u>				23b. ADDRESS <u>Sikeston, MO</u>		23c. DATE SIGNED <u>July 1, 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>7/5/1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mounds</u>		24d. LOCATION (City, town, or county) (State) <u>Near Lilbourn, MO.</u>	
DATE REC'D BY LOCAL REG <u>July 7-51</u>		REGISTRAR'S SIGNATURE <u>Mrs Ella Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith</u>		ADDRESS <u>Lilbourn MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

101 E. 1957

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. Hill*

Licensed Embalmer No. *2627*

P. O. Address *Lilbourn 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.