

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33997

State File No.

FILED OCT 25 1951

BIRTH NO.		REG. DIST. NO. 154		PRIMARY REG. DIST. NO. 5575		Registrar's No.	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY JACKSON		a. STATE Missouri		b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HACKMAN MILLS		c. LENGTH OF STAY (in this place) 93 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HICKMAN MILLS		0480	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7216 East 99 Street				d. STREET ADDRESS (If rural, give location) 7216 East 99 Street			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) MINERVA		b. (Middle) J.		c. (Last) CURRY		Oct - 8 - 1951	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH Sept 15, 1858	
9. AGE (in years last birthday) 93		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY AT Home		11. BIRTHPLACE (State or foreign country) Liberty Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joseph Crockett		13b. MOTHER'S MAIDEN NAME MIRANDA Everett		14. NAME OF HUSBAND OR WIFE ALONZO E. CURRY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS Madeline Curry Jordan 7216 E. 99th St. Hickman, Mo			
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	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac failure				1 hour	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) In yocardiosis				year	
		DUE TO (c) C of left Breast				2 year	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION no		19b. MAJOR FINDINGS OF OPERATION 170X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute)		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 Sept 1950, to Oct 8, 1951, that I last saw the deceased alive on Oct 7, 1951, and that death occurred at 11:55 pm., from the causes and on the date stated above.							
23a. SIGNATURE John Skinner (Degree or title) MD				23b. ADDRESS 1102 Grand St. PMB 10/19/51		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Oct-10-1951		24c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON CEMETERY KANSAS CITY MISSOURI		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 10/10/51		REGISTRAR'S SIGNATURE Dr. Anne G. Hedger		136 FUNERAL DIRECTOR'S SIGNATURE W. H. Newcomer		ADDRESS 1331 BOON CREEK KANSAS CITY, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

480

OCT 22 REC'D

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

Charles H. Sticking

Licensed Embalmer No. 4560

P. O. Address RP, 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.