

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41590

State File No.

FILED JAN 12 1953
BIRTH NO.

REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

Registrar's No. 1395

1. PLACE OF DEATH a. COUNTY <i>Buchanan</i>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <i>Kansas</i> b. COUNTY <i>Doughigan</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Joseph</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Troy</i>	
c. LENGTH OF STAY (in this place) <i>4 mos.</i>		8150	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>1817 Meccanic St.</i>		d. STREET ADDRESS (If rural, give location) <i>6</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) <i>Matthew</i>	b. (Middle) <i>Allen</i>	c. (Last) <i>McCurry</i>	4. DATE OF DEATH: (Month) (Day) (Year) <i>12 27 1952</i>
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>8 15 1872</i>	9. AGE (In years last birthday) <i>80</i>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <i>Laborer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Gen'l Construction</i>	11. BIRTHPLACE (State or foreign country) <i>Orange County - Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>J. C. McCurry</i>	13b. MOTHER'S MAIDEN NAME <i>Eliza Anthony</i>	14. NAME OF HUSBAND OR WIFE <i>Margaret McCurry</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <i>SAW-1898-1904 515-05-9456</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mr. Ernest A. McCurry - Troy - Ke.</i>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage & Hypostatic Embolism</i>		INTERNAL BETWEEN ONSET AND DEATH <i>1 Month</i>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Prostatism</i>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>611 X</i>	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) <i>St Joseph Buchanan Missouri</i>
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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 *Dec 10*, 1952, to *Dec 27*, 1952, that I last saw the deceased alive on *Dec 27*, 1952, and that death occurred at *7:30 A.M.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>D. G. S. Zachow D.O.</i>	23b. ADDRESS <i>320 Illinois Ave Troy, Mo</i>	23c. DATE SIGNED <i>12/30/52</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>12 30 1952</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Olive Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Troy Kansas</i>
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DATE REC'D BY LOCAL REG. <i>Jan 5, 1953</i>	REGISTRAR'S SIGNATURE <i>Carl C. Caswell</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Wm. H. Alexander St. Joseph, Mo.</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 13 1953

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 Wm. H. Alexander

Licensed Embalmer No. 4450

P. O. Address St. Joseph, 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.