

STANDARD CERTIFICATE OF DEATH

42769

State File No.

DEC 29 1952

BIRTH NO. _____ REG. DIST. NO. 182 PRIMARY REG. DIST. NO. 0681 Registrar's No. 23

580

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

1. PLACE OF DEATH a. COUNTY <u>LINN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LINN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GRANTSVILLE TWP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u>	
c. LENGTH OF STAY (in this place) <u>20 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>LINNEUS, RFD #2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD. LINNEUS</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>VIRGINIA</u> b. (Middle) <u>MARGUERITE</u> c. (Last) <u>CURRY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 23, 1952</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>MAY 9, 1910</u>	9. AGE (In years last birthday) <u>42</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (State or foreign country) <u>MARCELINE, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>LEE CUPP</u>	13b. MOTHER'S MAIDEN NAME <u>JOSEPHINE SCHOENING</u>	14. NAME OF HUSBAND OR WIFE <u>KERMIT CURRY</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>KERMIT CURRY, LINNEUS, MO.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 hours</u> <u>15 yrs</u> <u>20 yrs</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
	DUE TO (c) <u>Chronic nephritis</u>		
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	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)
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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 12/17/52, 1940, to 12/23/52, 1952, that I last saw the deceased alive on 12/22, 1952, and that death occurred at 10:21 m., from the causes and on the date stated above.

23a. SIGNATURE <u>W.B. Simpson D.D.</u> (Degree or title)	23b. ADDRESS <u>Brookfield Mo</u>	23c. DATE SIGNED <u>12/24/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>DEC. 26, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ROSE LAWN</u>	24d. LOCATION (City, town, or county) (State) <u>MARCELINE, MO</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 26, 1952</u>	REGISTRAR'S SIGNATURE <u>Mrs. Beadie Kelley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>WRIGHT FUNERAL HOME</u>	ADDRESS <u>BROOKFIELD, MO</u>
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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 Harold B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, 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.