

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **1614**

No. 300
10.48

FILED FEB 15 1954

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Independence</u> c. LENGTH OF STAY (in this place) <u>10 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Independence Sanitarium No. A.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Independence 7005</u> d. STREET ADDRESS (If rural, give location) <u>631 South Fuller</u>		
3. NAME OF DECEASED a. (First) <u>Ruth</u> b. (Middle) <u>Caroline</u> c. (Last) <u>Curry</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 5 - 1954</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 2 - 1900</u>	9. AGE (If years last birthday) <u>53</u> IF UNDER 1 YEAR Days <u>10</u> Hours <u>3</u> IF UNDER 1 Hrs. <u>3</u> Mins.	
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>domestic</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lexington Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>William Stapleton</u>			
13b. FATHER'S MAIDEN NAME <u>Lillie</u>		14. NAME OF HUSBAND OR WIFE <u>Frank B. Curry</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frank B. Curry</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, asthma, etc. It means the disease, injury, or complication which caused death.					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cause / lower tuberculosis</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH			
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. <u>7955</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Post Peritonitis</u>			
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) (M.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Dr. C. S. ...</u>		23b. ADDRESS <u>4050 B. W. ...</u>		23c. DATE SIGNED <u>2-8-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 8 - 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>	
24d. LOCATION (City, town, or county) (State) <u>Independence, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Poland H. Peak</u>			
DATE REC'D BY LOCAL REG. <u>2-8-54</u>		26. FUNERAL DIRECTOR'S ADDRESS <u>Independence, Mo.</u>			

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

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 A. Hennes Patterson

Licensed Embalmer No. 4697

P. O. Address Indy. Ind.

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.