No. 300
10-48

FILED MAY 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14609

BIRTH NO. _____ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 6107 Registrar's No. 24

0 990

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

1. PLACE OF DEATH
a. COUNTY: Scotland County, Missouri
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Thomson Twp
c. LENGTH OF STAY (In this place): all her life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Scotland
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 0 990
d. STREET ADDRESS (If rural, give location): Same

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Isabelle
c. (Last): Curry

4. DATE OF DEATH (Month) (Day) (Year): April 30, 1954

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widow
8. DATE OF BIRTH: April 24, 1866
9. AGE (In years last birthday): 88 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 0
10b. KIND OF BUSINESS OR INDUSTRY: Retired Housewife
11. BIRTHPLACE (City and State or Foreign Country): Scotland County Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: A. C. Americus
13b. MOTHER'S MAIDEN NAME: Rebecca Sparks
14. NAME OF HUSBAND OR WIFE: John Curry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Carl Curry — ADDRESS: Memphis, 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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerosis — 10 yrs
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: 331 X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 20, 1940, *to* 4-30, 1954, *that I last saw the deceased alive on* 4-30-, 1954, *and that death occurred at* 3 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. M. Keethler D.O.
23b. ADDRESS: Memphis, Mo.
23c. DATE SIGNED: 5-2-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 2, 1954
24c. NAME OF CEMETERY OR CREMATORY: Black Oak
24d. LOCATION (City, town, or county) (State): Scotland Co. Missouri

DATE REC'D BY LOCAL REG.: 5/8/54
REGISTRAR'S SIGNATURE: Vera G. Turner 476-0
25. FUNERAL DIRECTOR'S SIGNATURE: Garth T. Dockett — ADDRESS: Memphis

(Licensed Embalmer's Statement on Reverse Side)

JUN 15 1960

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. C. Gerth

Licensed Embalmer No. 4257

P. O. Address Memphis

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.