

FILED MAY 5 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 14676

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| BIRTH NO. | | REG. DIST. NO. <u>360</u> | PRIMARY REG. DIST. NO. <u>3076</u> | Registrar's No. <u>77</u> |
| 1. PLACE OF DEATH a. COUNTY <u>Vernon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Nevada</u> | | c. LENGTH OF STAY (In this place) <u>73 years</u> | c. CITY OR TOWN <u>Nevada</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1303 North Main</u> | | f. STREET ADDRESS (If rural, give location) <u>1303 North Main</u> | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Ollie</u> | | b. (Middle) <u>Rose</u> | c. (Last) <u>Current</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 25 1954</u> |
| 5. SEX <u>Fm</u> | 6. COLOR OR RACE <u>Wh</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>January 5 1876</u> | 9. AGE (In years last birthday) <u>78</u> |
| 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 (City and State or Foreign Country) <u>Unknown</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Joe Hatton</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Mark E. Current</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mark E. Current</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>B. Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>—</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocarditis.</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> |
| 19a. DATE OF OPERATION <u>none</u> | 19b. MAJOR FINDINGS OF OPERATION <u>491 X</u> | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>none</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Nevada, Vernon, Mo.</u> | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>No injury</u> | | |
| 22. I hereby certify that I attended the deceased from <u>Feb 1, 1954</u> , to <u>Apr 25, 1954</u> , that I last saw the deceased alive on <u>Apr 24, 1954</u> , and that death occurred at <u>9 A.M.</u> , from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE <u>W. Rose</u> | | 23b. ADDRESS <u>Nevada, Mo.</u> | | 23c. DATE SIGNED <u>4/28/54</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>April 27, 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Antioch Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Vernon Co. Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>4-30-54</u> | REGISTRAR'S SIGNATURE <u>Anna S. Ferry</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Ferry Funeral Home</u> | ADDRESS <u>Nevada, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

6.300
0.48

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 L. Ingles Ferry, Student Embalmer No. 492 working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No. 1760

P. O. Address Nevada, MI

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.