

FILED AUG 5 - 1954
NEW CLARK

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24023

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4425 Registrar's No. 75

1. PLACE OF DEATH
a. COUNTY Talk

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Talk

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Marresville c. LENGTH OF STAY (in this place) 2 days

c. CITY OR TOWN (If rural, give location) Marresville d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 4 mi. N.E. of Marresville e. STREET ADDRESS (If rural, give location) 2 1/2 mi. S.E. of Pleasant Hope

3. NAME OF DECEASED (Type or Print)
a. (First) Elva b. (Middle) Irene c. (Last) McCurdy

4. DATE OF DEATH (Month) (Day) (Year)
July 19 1954

5. SEX F 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Oct 9 1890

9. AGE (In years last birthday) 63 9. (Months) 9 9. (Days) 10 10. IF UNDER 1 YEAR: Hours 10 10. IF UNDER 1 HOUR: Minutes 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper 10b. KIND OF BUSINESS OR INDUSTRY Housework 11. BIRTHPLACE (City and State or Foreign Country) Howard Nebraska 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Charles Clark 13b. MOTHER'S MAIDEN NAME Mary Davis 13c. NAME OF HUSBAND OR WIFE Charles L. McCurdy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown). (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Charles L. McCurdy ADDRESS Balzac 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, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary atherosclerosis

ANTECEDENT CAUSES metastatic carcinoma

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.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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) _____ 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 July 19, 1954, to July 19, 1954, that I last saw the deceased alive on July 19, 1954, and that death occurred at 3:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE G. D. Smith, M.D. (Degree or title) 23b. ADDRESS Balzac Mo. 23c. DATE SIGNED July 24/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE July 24/54 24c. NAME OF CEMETERY OR CREMATORY Pleasant Hope, County, Pleasant Hope Mo 24d. LOCATION (City, town, or county) (State) _____

DATE REC'D BY LOCAL REG. July 31, 1954 REGISTRAR'S SIGNATURE Ralph Dardempen 25. FUNERAL DIRECTOR'S SIGNATURE Willard B. Quinn ADDRESS _____

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.....
Signature of Student Embalmer

Signed *Obey Jester*.....
Licensed Embalmer No. *415*.....
P. O. Address *Bolivia*.....

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.