

FILED NOV 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38350

State File No.

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 5964 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Platte</u>	
b. CITY OR TOWN <u>Rural Pettis</u>	c. LENGTH OF STAY (in this place) <u>1 yr.</u>	c. CITY OR TOWN <u>Parkville</u>	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD. 3. Box 57.</u>		e. STREET ADDRESS <u>RFD. 3. Box 57</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Claude</u>	b. (Middle) <u>Hamilton</u>	c. (Last) <u>Curry.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 30-1954</u>
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5. SEX <u>Male</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Apr. 9, 1885</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of past year, even if retired) <u>Cabinet Maker.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Carpenter</u>	11. BIRTHPLACE (City and State or foreign Country) <u>New Bloomfield, Mo.</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>Wm. Curry</u>	13b. MOTHER'S M maiden NAME <u>Mary Dawson</u>	14. NAME OF HUSBAND OR WIFE <u>Gertrude Suggitt</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)	16. SOCIAL SECURITY NO. <u>487-10-7887</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clifford Curry</u>	ADDRESS <u>RFD. 3. Parkville, Mo</u>
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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>mucoid adenocarcinoma of caecum & rectum</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
	ANTECEDENT CAUSES <u>of caecum & rectum</u>		
	Morbidity 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 <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			<u>153 X</u>

19a. DATE OF OPERATION <u>1-30-54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of rectum</u>	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)	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 Oct 23, 1954, to Oct 30, 1954, that I last saw the deceased alive on Oct 29, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Tom O. Steiner M.D.</u>	(Degree or title)	23b. ADDRESS <u>1402 Bryant Bldg. Mo. 11-1-54</u>	23c. DATE SIGNED
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24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 3-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Parkville, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 3, 54</u>	REGISTRAR'S SIGNATURE <u>Rphia Rollins</u>	257- <u>1</u>	STATE HEALTH DEPARTMENT DIRECTOR'S SIGNATURE <u>Leland H. Rance</u>	ADDRESS <u>Parkville, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

520



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 *Leland H. Francis*

Licensed Embalmer No. *3451*

P. O. Address *Parkville*

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.