

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7923

FILED MAR 28 1955

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>3022</u>		Registrar's No. <u>25</u>			
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany</u>		c. LENGTH OF STAY (in this place) <u>2 weeks</u>		c. CITY OR TOWN <u>Bethany</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Reid Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Van Duvort St. 0415</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice</u> b. (Middle) <u>Hogan</u> c. (Last) <u>McCurry</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-12-55</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>3-25-1880</u>			
9. AGE (In years last birthday) <u>74</u>		10. 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>—</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Harrison County Mo</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>Harrison County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>William King</u>		13b. MOTHER'S MAIDEN NAME <u>Charlotta Loveless</u>			
14. NAME OF HUSBAND OR WIFE <u>Lewis McCurry</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Laura McCurry</u> ADDRESS <u>Bethany Mo</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>UREMIA</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSIVE HEART DISEASE</u> DUE TO (c) <u>CARDIO-VASCULAR-RENAL Dis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>14 DAYS</u> <u>15 YEARS</u> <u>15 YEARS</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CHRONIC BILATERAL BRONCHIECTASIS</u> <u>LATENT BILATERAL PULMONARY TUBERCULOSIS - UNKNOWN</u>		19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</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>✓</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>					
22. I hereby certify that I attended the deceased from <u>11/19, 1951</u> , to <u>3/12, 1955</u> , that I last saw the deceased alive on <u>3/12, 1955</u> , and that death occurred at <u>10 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Laura McCurry</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>BETHANY, MISSOURI</u>		23c. DATE SIGNED <u>3/18/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-15-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Merion</u>		24d. LOCATION (City, town, or county) (State) <u>Bethany Mo</u>			
DATE REC'D BY LOCAL REG. <u>3/21/55</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u> 116		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ms. Hase</u> ADDRESS <u>Bethany Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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..... *W. B. Haas*

Licensed Embalmer No. *389*

P. O. Address *Bethany,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.