

FILED JUN 6 1955 STANDARD CERTIFICATE OF DEATH

State File No. 15120

580

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5442 Registrar's No. 65-

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gentry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Cooper township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Cooper township 0280	
c. LENGTH OF STAY (In this place) 4 yrs.		d. STREET ADDRESS (If rural, give location) 5 miles s.w. Stanberry, Mo.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 5 miles s.w. Stanberry, Mo.			

3. NAME OF DECEASED (Type or Print)	a. (First) Charles	b. (Middle) Samuel	c. (Last) Curry	4. DATE OF DEATH (Month) (Day) (Year) May 26 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 22 1913	9. AGE (In years last birthday) 41	IF UNDER 1 YEAR Days 11	IF UNDER 2 HRS. Hours Min. 04
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Public School Teacher	10b. KIND OF BUSINESS OR INDUSTRY Public School	11. BIRTHPLACE (State or foreign country) Parnell, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Guy L. Curry	13b. MOTHER'S MAIDEN NAME Edna Ma y Eaves	14. NAME OF HUSBAND OR WIFE Mrs. Edna May Curry
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II	16. SOCIAL SECURITY NO. 486-24-9630	17. INFORMANT'S SIGNATURE OR NAME Mrs. Edna May Curry, RR 1, Stanberry, Mo.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun shot wound in right side of head.</u>		
	ANTECEDENT CAUSES 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Coop. Gentry Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 26 1955 11:19A	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Leap. Inflicted.
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22. I hereby certify that I attended the deceased from May 26, 1955 to May 26, 1955, that I last saw the deceased alive on May 26, 1955, and that death occurred at 11:19A m., from the causes and on the date stated above.

23a. SIGNATURE Charles A. Williamson, M.D. (Degree or title) M.D.	23b. ADDRESS Gentry Mo	23c. DATE SIGNED May 26 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 29, 1955	24c. NAME OF CEMETERY OR CREMATORY High Ridge Cemetery	24d. LOCATION (City, town, or county) (State) Stanberry, Missouri
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DATE REC'D BY LOCAL REG. May 31-55	REGISTRAR'S SIGNATURE Maude Williamson 462	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ross Johnson, Stanberry, Mo.
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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
Student Embalmer

Signed *Lois Evelyn Johnson*

Licensed Embalmer No. 4948

P. O. Address Stanberry, Missouri

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.