

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17794**  
Registrar's No. **643**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kansas</b> b. COUNTY <b>Doniphan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (In this place) <b>3 days</b>	c. CITY OR TOWN <b>Troy</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Methodist Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>None</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Arthur</b>	b. (Middle) <b>N.</b>	c. (Last) <b>McCurry</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 25, 1955</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>January 19, 1903</b>	9. AGE (In years last birthday) <b>52</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Common Labor</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Troy, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Ernest McCurry</b>	13b. MOTHER'S MAIDEN NAME <b>Maude Hughes</b>	14. NAME OF HUSBAND OR WIFE <b>Sarah McCurry</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Sarah Hughes</b> ADDRESS <b>Atchison, Kansas.</b>

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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Central Nervous System Syphilitic Syphilis</b> DUE TO (c) <b>Arteriosclerotic Hypertensive Cardiovascular Disease</b>		<b>10 yrs +</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>026X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Oct. 12, 1953**, to **death**, 19**55**, that I last saw the deceased alive on **6-25**, 19**55**, and that death occurred at **8:00 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Emerson Hodder MD</b> (Degree or title)	23b. ADDRESS <b>Denton, Kans</b>	23c. DATE SIGNED <b>6-27-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>June 25, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olive Cemetery</b>
		24d. LOCATION (City, town, or county) (State) <b>Troy, Kansas.</b>

DATE REC'D BY LOCAL REG. <b>June 30, 1955</b>	REGISTRAR'S SIGNATURE <b>Cather M. Allison</b>	485-	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. Meierhoffer</b> ADDRESS <b>St. Joseph, Mo.</b>
---	--	------	--

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 <sup>not</sup> embalmed  
by me, or by .....\*\*\*\*, Student Embalmer No.....\*\*\*\*,  
working under my personal supervision..

Student.....\*\*\* \*\*\*\*  
Signature of Student Embalmer

Signed *Albert C. Harrington*.....

Licensed Embalmer No. 3258 M.....

P. O. Address St. Joseph, .....  
.....

**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.**