

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

4519 State File No. **25070**

FILED AUG 5 - 1955

BIRTH NO. _____ REG. DIST. NO. **354** PRIMARY REG. DIST. NO. ~~354~~ Registrar's No. **37**

1. PLACE OF DEATH a. COUNTY TEXAS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY TEXAS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CABOOL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CABOOL	
c. LENGTH OF STAY (in this place) 13 yrs.		1070	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) RACHEL b. (Middle) ABIGAIL c. (Last) CURRY			4. DATE OF DEATH (Month) (Day) (Year) 7 - 21 - 55		
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED widowed	
8. DATE OF BIRTH 4-25-1880		9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months Days 75	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) KENTUCKY	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME JACOB PARKER		13b. MOTHER'S MAIDEN NAME JACKSON	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	

17. INFORMANT'S SIGNATURE OR NAME LUTHER CURRY, CABOOL		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic fibrous Pulmonary Tuberculosis		INTERVAL BETWEEN ONSET AND DEATH ? Many years.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
		DUE TO (c) 002X			
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"/>	
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 <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 _____, 1946, to July 1, 1955, that I last saw the deceased alive on July 1, 1955 and that death occurred at 2: P m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS Cabool MO		23c. DATE SIGNED July 22/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7-24-55		24c. NAME OF CEMETERY OR CREMATORY MT. PISGAH	
24d. LOCATION (City, town, or county) (State) TEXAS, CO. MO.		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		ADDRESS Ellis - Santa, Cabool	
DATE REC'D BY LOCAL REG. 7-25-55		REGISTRAR'S SIGNATURE <i>[Signature]</i>		325-	

No. 300
10.48
070
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 *James L. Gentry* _____

Licensed Embalmer No. *14718*

P. O. Address *Calool, Md.*

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.