

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57-027766
STATE FILE NUMBER

FILED AUG 30 1957

Registration District No. 65 Primary Registration District No. 4115 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Triplett</u>		c. CITY OR TOWN <u>Triplett</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>201n. Locust</u>		d. STREET ADDRESS (If outside, give location) <u>201 N. Locust</u>	
3. NAME OF DECEASED (Type or print) First <u>Estel</u> Middle <u>Curren</u> Last <u>Curren</u>		4. DATE OF DEATH Month <u>August</u> Day <u>6</u> Year <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 2, 1909</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroading</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Section hand</u>	11. BIRTHPLACE (City and state or country) <u>Triplett, Missouri</u>
13. FATHER'S NAME <u>Auther Curren</u>		14. MOTHER'S MAIDEN NAME <u>Mary Bowman</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>702-05-7040</u>	
17. INFORMANT <u>Mrs. Malinda Curren, Triplett, Mo.</u>		Address	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma, metastatic</u> Conditions, if any, which gave rise to above cause (a), - stating the underlying cause last. } DUE TO (b) <u>Prostatic Carcinoma</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>177X</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 mo.</u> <u>8 mo.</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Triplett, Missouri</u>
21. I attended the deceased from <u>3/2/57</u> to <u>Aug. 6 1957</u> and last saw her alive on <u>8/6/57</u> Death occurred at <u>9:48p.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>W. H. Stewart</u> (Degree or title)	22b. ADDRESS <u>Crainswick, Mo</u>	22c. DATE SIGNED <u>8/9/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1/10/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Triplett Cemetery</u>
24. FUNERAL DIRECTOR <u>Ernest Green Marshall</u> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <u>8-30-57</u>
26. REGISTRAR'S SIGNATURE <u>Thomas C. Dundon</u>		

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard forms. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1116 30 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ex-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Garrett Green*
.....

Licensed Embalmer No. 42

P. O. Address *Marsh*

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