

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1800**

FILED JAN 21 1958

BIRTH NO. _____ REG. DIST. NO. **170** PRIMARY REG. DIST. NO. **3033** Registrar's No. **7**

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Laclede	
b. CITY (If outside corporate limits, write RURAL and give township) Lebanon T.S.	c. LENGTH OF STAY (In this place) 50 yrs	c. CITY OR TOWN Lebanon	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) Star Rt. 45509		e. STREET ADDRESS (If rural, give location) Star Rt. 45509	

3. NAME OF DECEASED (Type or Print) a. (First) Julia	b. (Middle) Ann	c. (Last) Curran	4. DATE OF DEATH (Month) (Day) (Year) Jan 12 1958
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, ⁹ WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Jan 1, 1875	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 Wks. Hours	IF UNDER 1 Wks. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (City and State or Foreign Country) Tenn.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Hunt	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Charlie Curran
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs Ivy Hawk	ADDRESS Lebanon, Mo.
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro Vascular Accident		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Very persistent heart disease years		
	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? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 443x
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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?
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22. I hereby certify that I attended the deceased from **Nov.**, 19**50**, to **1-12**, 19**58**, that I last saw the deceased alive on **1-11**, 19**58**, and that death occurred at **7** A. M., from the causes and on the date stated above.

23a. SIGNATURE J. J. Summers	(Degree or title)	23b. ADDRESS Lebanon Mo	23c. DATE SIGNED 1-13-58
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 14 1958	24c. NAME OF CEMETERY OR CREMATORY Bolles Cemetery	24d. LOCATION (City, town, or county) (State) Laclede County, Mo.
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DATE REC'D BY LOCAL REG. 1-13-1958	REGISTRAR'S SIGNATURE Hella L. Hay	25. FUNERAL DIRECTOR'S SIGNATURE J. P. Abner	ADDRESS Lebanon Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Received JAN 20 1958
Laclede County Health Unit
File No. 7
Date Filed JAN 20 1958

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 Sanleigh R Palmer

Licensed Embalmer No. 4810

P. O. Address Liberty

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.