

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029868
STATE FILE NUMBER

FILED AUG 18 1958

Registration District No. 274 Primary Registration District No. 2052 Registrar's No. 333

300
1-57
0

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Sedalia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Sedalia</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>		Length of stay in 1b <u>4 hrs.</u>	d. STREET ADDRESS (If outside, give location) <u>2516 Greenwood Lane</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Joseph</u> Last <u>Curry</u>			4. DATE OF DEATH Month <u>August</u> Day <u>12</u> Year <u>1958</u>		
-------------------------------------------------------------------------------------------------------	--	--	------------------------------------------------------------------------	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>Feb 2 1916</u>	9. AGE (In years last birthday) <u>42</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
-----------------------	----------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------	----------------------------------------------	----------------------------------------------------	----------------------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Logger trucker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Milling Industry</u>	11. BIRTHPLACE (City and state or country) <u>Pettis County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
----------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------	------------------------------------------------------------------------------	-----------------------------------------------

13a. FATHER'S NAME <u>Miles M. Curry</u>	13b. MOTHER'S MAIDEN NAME <u>Rose Ann Lawson</u>	14. NAME OF HUSBAND OR WIFE <u>Genevieve Reed Curry</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>194-16-1551</u>	17. INFORMANT <u>Mrs. Genevieve Curry</u> Address <u>2516 Greenwood Sedalia, Mo.</u>
------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------	--------------------------------------------------------------------------------------------

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>CEREBRAL HEMORRHAGE</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>METASTASIS TO BRAIN</u>	
	DUE TO (c) <u>BRONCHOGENIC CARCINOMA LEFT LUNG</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>1621</u>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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 <u> </u> Month, Day, Year a.m. <u> </u> p.m. <u> </u>	

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>Sedalia</u>	COUNTY <u> </u> STATE <u> </u>
--------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------	------------------------------------------------	----------------------------------

21. I attended the deceased from 12 JUNE, -58, to DEATH and last saw her alive on 12 JUNE -58
Death occurred at 6:15-AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Karl A. Goner MD</u> (Degree or title)	22b. ADDRESS <u>Sedalia Mo</u>	22c. DATE SIGNED <u>12 JUNE</u>
----------------------------------------------------------------	-----------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8/14/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Highland Memorial Gardens</u>	23d. LOCATION (City, town, or county) <u>Sedalia, Missouri</u> (State) <u>58</u>
------------------------------------------------------------	-----------------------------	------------------------------------------------------------------------	----------------------------------------------------------------------------------------

24. FUNERAL DIRECTOR <u>Thomas Edwards</u> ADDRESS <u>Sedalia, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>8-14-1958</u>	26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>
------------------------------------------------------------------------------	--------------------------------------------------	----------------------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *P. E. Baker*

Licensed Embalmer No. *2419*

P. O. Address *Sedalia, Mo.*

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.