

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024463

FILED VS AUG 10 1959

Registration District No. 64 Primary Registration District No. 5247 Registrar's No. 47

STATE FILE NUMBER

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> COUNTY <u>Chariton</u>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Salisbury Township</u>		Length of stay in 1b <u>10 yrs</u>		c. CITY OR TOWN <u>Salisbury Township</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1/2 mi. N. of Salisbury</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1/2 mile N. of Salisbury</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Middle Last <u>Francis Adley McCurry</u>				4. DATE OF DEATH Month Day Year <u>Aug. 1, 1959</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>4/24/79</u>		9. AGE (last birthday) <u>80</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>General farm</u>			11. BIRTHPLACE (City and state or country) <u>Chariton County, Mo.</u>			12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>Seth McCurry</u>			13b. MOTHER'S MAIDEN NAME <u>Catherine Smith</u>			14. NAME OF HUSBAND OR WIFE <u>Annie Kelley McCurry</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>none</u>			17. INFORMANT <u>Mr. Sidney Wright</u> Address <u>528 Stadium St. Jefferson City 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>Coronary Infarct.</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>5 yrs</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH <u>2 Da.</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Month, Day, Year 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		COUNTY		STATE	
21. I attended the deceased from <u>July 29/59</u> to <u>Aug 1-59</u> and last saw him alive on <u>Aug 1-59</u> Death occurred at <u>Salisbury Mo 9:30 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <u>G.W. Hawkins MD</u>				22b. ADDRESS <u>Salisbury Mo 8-3-59</u>				22c. DATE SIGNED			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>8/3/59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Immaculate Conception Cem.</u>		23d. LOCATION (City, town, or county) <u>Chariton County, Mo.</u>		(State)			
24. FUNERAL DIRECTOR <u>Chas. B. Winkelmeier, Salisbury, Mo.</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>8-3-59</u>		26. REGISTRAR'S SIGNATURE <u>G.W. Hawkins</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

~~or by~~ \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Chas B Winkelme

Licensed Embalmer No. 3842

P. O. Address Salisbury

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