DURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS OCT 27 1959

59-036655
STATE FILE NUMBER

AMENDED

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 152

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1005½ W. Daugherty
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Webb City
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1005 ½ W. Daugherty
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Hiwanda Middle: Last: Currey
4. DATE OF DEATH Month: October Day: 17 Year: 1959
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-29-1891
9. AGE (last birthday): 68
IF UNDER 1 YEAR: Months 3 Days 18
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Webb City, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Hiram W. Curry
13b. MOTHER'S MAIDEN NAME: No DATA
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 448-09-8079a
17. INFORMANT: Enos Currey Address: 1601 Connor, Joplin, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Acute Dilitation of heart — ~~3-years~~
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Oct. 9-56, to Oct. 17-59 and last saw her/him alive on Oct. 1-59
Death occurred at 7:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M. Slaughter (Degree or title) D.O.
22b. ADDRESS Webb City, Mo.
22c. DATE SIGNED 10-19-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-20-59
23c. NAME OF CEMETERY OR CREMATORY: Mt. Hope Cemetery
23d. LOCATION (City, town, or county) (State): Webb City, Mo.

24. FUNERAL DIRECTOR: Johnston-Arnce-Simpson ADDRESS: Webb City, Mo.
25. DATE RECD. BY LOCAL REG.: 10-19-59
26. REGISTRAR'S SIGNATURE: Mrs. Madeline Switzer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 me

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City, Mo.

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