URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-041368
STATE FILE NUMBER

FILED VS DEC 15 1959

ENDED

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 159

1. PLACE OF DEATH
a. COUNTY Ray
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond
Length of stay in 1b: 55 Yr.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 144 Hickory St.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Ray
c. CITY OR TOWN Richmond
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 144 Hickory
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: GERTRUDE Middle: ALENE Last: CURRY
4. DATE OF DEATH Month Day Year: December 4 1959
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2/2/03
9. AGE (last birthday): 56
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife & Seamstress
10b. KIND OF BUSINESS OR INDUSTRY: Garment Manuf.
11. BIRTHPLACE (City and state or country): Lexington, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: Charley Hill
13b. MOTHER'S MAIDEN NAME: Martha Simmons
14. NAME OF HUSBAND OR WIFE: Ewing Curry
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.: 495-20-6829
17. INFORMANT: Ewing Curry, Richmond, Mo. Address

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) CARCINOMA LEFT BREAST — INTERVAL BETWEEN ONSET AND DEATH: 1 Yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Lt Ch'l METASTASIS
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 Nov 1-1959 to 12/4/59 and last saw her alive on 12-4-59
Death occurred at 4:10 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) M.D.
22b. ADDRESS Richmond, Mo.
22c. DATE SIGNED 12-7-59

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12/6/59
23c. NAME OF CEMETERY OR CREMATORY: Machpelah Cemetery
23d. LOCATION (City, town, or county) (State): Lexington Mo.
24. FUNERAL DIRECTOR: Crunk-Walker ADDRESS: Lexington, Mo.
25. DATE RECD. BY LOCAL REG.: 12-9-1959
26. REGISTRAR'S SIGNATURE: Maud Jackson

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Harold L. Walke

Signature of Student Embalmer

Licensed Embalmer No. 4588

P. O. Address Lexington

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.