

FEDERAL BUREAU OF INVESTIGATION
 FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 43 8 9 2

FILED VS DEC 28 1959

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1357B STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield,		Length of stay in 1b 30 years		c. CITY OR TOWN Springfield,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1428 Roanoke				d. STREET ADDRESS 1428 Roanoke		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last SAMUEL E. CURRY				4. DATE OF DEATH Month Day Year December 13, 1959				
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Oct. 8, 1884		
9. AGE (last birthday) 75		IF UNDER 1 YEAR Months Days Hours 2 5		IF UNDER 24 HR Hours Min. 5				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Slesman			10b. KIND OF BUSINESS OR INDUSTRY Motor Supply Co.		11. BIRTHPLACE (City and state or country) Camp Point, Illinois		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Samuel W. Curry			13b. MOTHER'S MAIDEN NAME Jane Earel			14. NAME OF HUSBAND OR WIFE Frances Waid Curry		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. War I			16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. Frances Waid Curry Springfield, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Vascular Sclerosis DUE TO (b) Arterio Sclerotic Heart Disease 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							INTERVAL BETWEEN ONSET AND DEATH 7 years 11 years +	
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 a.m. p.m. Month, Day, Year		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 11-17-55 to 12-13-59 and last saw him alive on 11-5-59 Death occurred at 10:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) [Signature]				22b. ADDRESS M.D. 609 Cherry-Springfield, Mo.		22c. DATE SIGNED 12-18-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 16, 1959		23c. NAME OF CEMETERY OR CREMATORY Eastlawn		23d. LOCATION (City, town, or county) (State) Springfield, Missouri		
24. FUNERAL DIRECTOR ADDRESS Gorman-Scharpf Funeral Home Springfield, Missouri				25. DATE RECD. BY LOCAL REG. 12-21-59		26. REGISTRAR'S SIGNATURE [Signature]		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 21 1960

STATEMENT BY LICENSED EMBALMER

DEC 28 1959

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 Lewis A. Schaeffer

Licensed Embalmer No. 3802

P. O. Address Springfield

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.