

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-020156

LED VS JUN 3 1960

Registration District No. 211 Primary Registration District No. 4324 Registrar's No. 18-60 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Miller	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tuscumbia, Jim Henry Twp		c. CITY OR TOWN Tuscumbia	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. 1		d. STREET ADDRESS (If outside, give location) Rt. 1	

3. NAME OF DECEASED (Type or print) Benjamin Harrison Curry			4. DATE OF DEATH May 24, 1960	
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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 11/13/1889	9. AGE (last birthday) 70	IF UNDER 1 YEAR		IF UNDER 24 HR	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Ulman, Mo	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Everett Golden Curry	13b. MOTHER'S MAIDEN NAME Annie Gelkhn	14. NAME OF HUSBAND OR WIFE Molley Curry
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 333-03-747A	17. INFORMANT Molley Curry Address Tuscumbia, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho Pneumonia DUE TO (b) Chronic Bronchiectasis & Fibrosis of 5 years DUE TO (c) Septic Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 Day
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"/> N <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input 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.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> 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
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21. I attended the deceased from <u>5-22-1960</u> to <u>5-24-1960</u> and last saw him ^{her} alive on <u>5-24-1960</u> Death occurred at <u>6:15 A.m</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
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21a. SIGNATURE M. E. Humphrey D.O. (Degree or title)	22b. ADDRESS Tuscumbia, Mo.	22c. DATE SIGNED 5-25-60.
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 5/26/1960	23c. NAME OF CEMETERY OR CREMATORY Mt. Zion	23d. LOCATION (City, town, or county) Tuscumbia, Mo.	(State)
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24. FUNERAL DIRECTOR Hedges Funeral Homes Iberia, Mo. ADDRESS	25. DATE RECD. BY LOCAL REG. May 26, 1960	26. REGISTRAR'S SIGNATURE Mrs. M. E. Kallenbach
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

0881 8 NOV

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

Walter P. [Signature]

Licensed Embalmer No. 42

P. O. Address [Signature]

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.