S. No. 300
v. 10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4810
538

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 2 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): K. C. Osteopathic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lee's Summit
d. STREET ADDRESS (If rural, give location): Route #4

3. NAME OF DECEASED (Type or Print)
a. (First): JOSEPH
b. (Middle): M.
c. (Last): CURTIS

4. DATE OF DEATH (Month) (Day) (Year): February 5, 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: May 22, 1875
9. AGE (In years last birthday): 74
If under 1 year: Months / Days
If under 1 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Carpenter
11. BIRTHPLACE (State or foreign country): Hamburg, Arkansas
12. CITIZEN OF WHAT COUNTRY?: U. S. A

13a. FATHER'S NAME: Elisha Curtis
13b. MOTHER'S MAIDEN NAME: Elizabeth Mathery
14. NAME OF HUSBAND OR WIFE: Eliza Curtis (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): x
16. SOCIAL SECURITY NO.: 496 24 2495
17. INFORMANT'S SIGNATURE OR NAME: Wyatt E. Curtis, Route #4 Lee's Summit, Mo
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia of left lung — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary artery sclerosis + myocardial fibrosis — unknown
DUE TO (c) Acute myocardial decompensation — 3 hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Healed anterior wall myocardial infarction — 8 mo.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4201
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) a.m. p.m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1949, *to* Feb. 5, 1950, *that I last saw the deceased alive on* Feb. 5, 1950, *and that death occurred at* 12:50 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE Milton S. Steinberg (Degree or title) — Milton S. Steinberg M.D.
23b. ADDRESS: 2105 Independence Ave., K. C. Mo
23c. DATE SIGNED: 2/5/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Feb 6, 1950
24c. NAME OF CEMETERY OR CREMATORY: Promise Land Cemetery
24d. LOCATION (City, town, or county) (State): Hamburg, Arkansas

DATE REC'D BY LOCAL REG.: 2-5-50
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: WILKS FUNERAL HOME 2315 Linwood K. C. Mo

(Licensed Embalmer's Statement on Reverse Side)

Dr. Milton Steinberg
Res: Va 7100
K. C. Osteopathick Hospital
Vi 7022

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 .....
Student Embalmer

Signed Chas E Wilks

Licensed Embalmer No. 2644

P. O. Address Kansas City Mo

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 this body is not embalmed, fact should be so stated above.