

FILED NOV 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37157**  
**4878**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY 4</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>	
c. LENGTH OF STAY (In this place) <b>42 YEARS</b>		d. STREET ADDRESS (If rural, give location) <b>3629 WARWICK BLVD</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>WARWICK NURSING HOME</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>WALTER</b> b. (Middle) <b>CURTIS</b> c. (Last) <b>BLACK</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>NOV. 13. 1951</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MAY 23. 1892</b>	9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ACCOUNTANT</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>VICTORY OIL COMPANY</b>	11. BIRTHPLACE (State or foreign country) <b>LAURELVILLE, OHIO</b>	12. CITIZENRY OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>DAVID B. BLACK</b>	13b. MOTHER'S MAIDEN NAME <b>ALDA KARSNER</b>	14. NAME OF HUSBAND OR WIFE <b>MRS. MINNIE R. BLACK</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>487-07-5489</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. MINNIE R. BLACK</b>	ADDRESS <b>3629 WARWICK KANSAS CITY, MO</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Arteriosclerosis</b>		DUE TO (b) <b>Nephritis</b>		<b>4 1/2 x B</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <b>CNS Les. (Clinical)</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Pathologist**, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Jack H. Hill</b> (Degree or title) <b>D.M.D.</b>	23b. ADDRESS <b>3001 Wyandotte St. K.C. Mo.</b>	23c. DATE SIGNED <b>11/15/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>NOV. 15. 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>FOREST HILL CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>11-15-51</b>	REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D. H. Newcomer</b>	ADDRESS <b>1331 BRUSH CREEK KANSAS CITY, MO</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

*Basil Woney*

Licensed Embalmer No. *4724*

P. O. Address *Cashland, 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.