

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4921

State File No. 687

FILED FEB 26, 1952

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

1. PLACE OF DEATH
a. COUNTY Jackson 0
b. CITY (If outside corporate limits, write RURAL and give town or township) Kansas City
c. LENGTH OF STAY (Specify place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION Menorah Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Jackson 343X
c. CITY (If outside corporate limits, write RURAL and give township) Kansas City
d. STREET ADDRESS (If rural, give location) 3020 Harrison 430

3. NAME OF DECEASED
a. (First) Albert b. (Middle) J. c. (Last) CURLEY
4. DATE OF DEATH (Month) Feb. (Day) 9, (Year) 1952

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, OR SEPARATED 8. DATE OF BIRTH June 21, 1888 9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months 18 Days 18 IF UNDER 10 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber (Retired) 10b. KIND OF BUSINESS OR INDUSTRY Lochman Plbg. 11. BIRTHPLACE (State or foreign country) Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John T. Curley 13b. MOTHER'S MAIDEN NAME Ada Oats 14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 495-05-2663 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robt. Curley, 1215 E. 33d St., KC, Mo.

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, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphs Sarcans - brain - skin
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) Pneumonia - right lower + left upper lobes.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Lung abscess, left lower secondary to infarction + pulmonary embolism
INTERVAL BETWEEN ONSET AND DEATH 1 year
5 days
5 days

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES 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) Kansas City Jackson Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 Jan 2nd, 1951, to Feb 9th, 1952, that I last saw the deceased alive on Feb 8th, 1952, and that death occurred at 6:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE Joseph Getelson (Degree or title) M.D. 23b. ADDRESS 1219 Realto Bldg 23c. DATE SIGNED 2-11-52

24a. BURIAL CREMATION REMOVAL (Specify) Burial 24b. DATE 2-12-52 24c. NAME OF CEMETERY OR CREMATORY St. Marys 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. 2-13-52 REGISTRAR'S SIGNATURE Geraldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar N.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. [Handwritten Signature]

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

[Handwritten Signature]

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address..... *K.C.*

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.