

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 18 1953

State File No. 475  
Registrar's No. 475

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Overland Park</u> <u>8150<sup>y</sup></u>	
c. LENGTH OF STAY (In this place) <u>2 wks</u>		d. STREET ADDRESS (If rural, give location) <u>5811 W. 79<sup>th</sup></u> <u>X</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hosp.</u>			
3. NAME OF DECEASED (Type or Print) (First) <u>Ruth</u> (Middle) <u>L.</u> (Last) <u>Curry</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 25 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 31 1884</u>
9. AGE (If years last birthday) <u>68</u>		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Phillips</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>James P. Curry</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Harry Duncan, Overland Park, Ks.</u>		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS	
ANTECEDENT CAUSES (b) <u>Anterior sclerosio-generalized</u>		4-5 yrs	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		332 X	
DUE TO (c)			
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 type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1/10</u> , 19 <u>53</u> , to <u>1/25</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1/24</u> , 19 <u>53</u> , and that death occurred at <u>1:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>P.L. Byers, MD</u> (Degree or title)		23b. ADDRESS <u>4635 Wyandotte, K.C. 2 Mo.</u>	
23c. DATE SIGNED <u>1/26/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 27 '53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Cosinthe</u>		24d. LOCATION (City, town, or county) (State) <u>Overland Park Kansas</u>	
DATE REC'D BY LOCAL REG. <u>1-26-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter W. Hoop, Overland Park, Kansas</u>		ADDRESS	

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

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 *J. Raymond Hoag* .....

Licensed Embalmer No. *3579* .....

P. O. Address *Owland Park* .....

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.