

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **17980**  
**2664**

FILED JUN 9 1953

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</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>67 YEARS</b>		e. STREET ADDRESS (If rural, give location) <b>7225 COLLEGE AVENUE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>7225 COLLEGE AVENUE</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>EDUARD</b>		b. (Middle) <b>HENRY</b>		c. (Last) <b>CURTIS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MAY. 22. 1953</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>JAN. 26. 1886</b>	9. AGE (In years last birthday) <b>67</b>	If UNDER 1 YEAR Months _____ Days _____	If UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SWITCHMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FRISCO R.P.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>KANSAS CITY MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>RICHARD CURTIS</b>		13b. MOTHER'S MAIDEN NAME <b>KATHRINE MILLER</b>		14. NAME OF HUSBAND OR WIFE <b>MRS. EVA CURTIS</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>702-03-6889</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MRS. EVA CURTIS</b>		ADDRESS <b>7225 COLLEGE AVENUE 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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary thrombosis</b>				<b>minutes</b>	
		DUE TO (c) <b>Arterio Sclerosis</b>				<b>years</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Bronchial Asthma</b>				<b>4201</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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)		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 **11-20-1952** to **5-22-1953**, that I last saw the deceased alive on **5-20-1953**, and that death occurred at **8:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Ada B. Rader M.D.</b>		(Degree or title)		23b. ADDRESS <b>Martin City, Mo.</b>		23c. DATE SIGNED <b>5-22-53</b>	
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24a. BURIAL CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>MAY. 25. 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>WOODLAWN CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>INDEPENDENCE, MISSOURI</b>	
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DATE REC'D BY LOCAL REG. <b>5-25-53</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W.N. Newcomer, Son</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.....  
Signature of Student Embalmer

Signed *Charles H. Stehler*.....

Licensed Embalmer No. *456*

P. O. Address *KC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.