

FILED NOV 5 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33849**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4842</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and township) <u>Kansas City, Mo. 10 yrs</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and township) <u>Kansas City</u>		d. STREET (ADDRESS) (If rural, give location) <u>3235 Mc Lee</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hyde Park Rest Home</u>				d. STREET (ADDRESS) (If rural, give location) <u>3235 Mc Lee</u>			
3. NAME OF DECEASED (Type or Print) <u>Leon Percival Curtis</u>		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 19, 1954</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Oct 10, 1873</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>father</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>3800 Blue Ridge K.C. Mo.</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Jean A. Curtis</u>		13b. MOTHER'S MAIDEN NAME <u>Antonetta Wade</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-05-3281</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ernest Meyer Tonganoxie Ka.</u>			
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) <u>Cerebral Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Generalized Arteriosclerosis</u> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>3327</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 Months</u> <u>1 year</u>	
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) m.		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>Feb.</u> , 1954, to <u>Oct 19</u> , 1954, that I last saw the deceased alive on <u>Oct 16</u> , 1954, and that death occurred at <u>2⁰⁰ p m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Norman B. Good, M.D.</u>				23b. ADDRESS <u>Kansas City, Missouri</u>		23c. DATE SIGNED <u>Oct. 19, 1954</u>	
24a. BURIAL, CREMATION, OR REMOVAL <u>burial</u>		24b. DATE <u>Oct 19, 1954</u>		24c. NAME OF CEMETERY OR CREMATOR <u>Hubbell Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Tonganoxie Ka.</u>	
DATE REC'D BY LOCAL REG. <u>10-19-54</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hervey Quisenberry Tonganoxie</u>			

(Licensed Embalmer's Statement on Reverse Side)

Marcia B. Bond

On Marcus Bond
we 8143.

Room 1002

12th + McJill

12th + McJill

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 _____

Hervey Puissant

Licensed Embalmer No. _____

4070

P. O. Address _____

Tongareva

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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