

FILED OCT 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33850

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 002 Registrar's No. 4522

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 give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>4 WEEKS</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. CITY OR TOWN <u>KANSAS CITY</u>		STREET ADDRESS (If rural, give location) <u>3568 3340 SOUTH BENTON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>TRINITY LUTHERAN HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>OLIVE</u> b. (Middle) <u>CHAPMAN</u> c. (Last) <u>CURTIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 24, 1954</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>NOV. 18, 1876</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months Days IF UNDER 14 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>LEWIS, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>CHAPMAN McDONALD</u>		13b. MOTHER'S MAIDEN NAME <u>MYRIA BENNER</u>		14. NAME OF HUSBAND OR WIFE <u>Z. O. CURTIS</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Mary Seale - 1806-E-43 K.C. Mo.</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>Broncho-pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coarctation</u>		<u>1 mo</u>
	DUE TO (c) <u>Carcinoma of Stomach</u>		<u>4 mo</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Multiple Metastases to Liver & Lung</u>		<u>15ix</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	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 Aug 10, 1954 to Sept 24, 1954, that I last saw the deceased alive on Sept 24, 1954, and that death occurred at 2:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>John W. Powers M.D.</u>		23b. ADDRESS <u>5304 Linwood</u>		23c. DATE SIGNED <u>9/25/54</u>
24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>SEPT 26-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MULLIN CEM. U. Rich, Missouri</u>		24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. <u>9-25-54</u>	REGISTRAR'S SIGNATURE <u>neva Minshall</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>N. J. Neumann</u>	ADDRESS <u>1331 BUSH CREEK KANSAS CITY, MISSOURI</u>
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WRITE PLAINLY—USING UNEADING 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.....
Signature of Student Embalmer

Signed *Robert J. Boyer*.....

Licensed Embalmer No. *488*.....

P. O. Address *K.C. 10, 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.