

FILED FEB 24 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4722  
481

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>KANSAS</b> b. COUNTY <b>WYANDOTTE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS</b>	
c. LENGTH OF STAY (in this place) <b>1 MON</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. MARY'S HOSPITAL</b>		STREET ADDRESS (If rural, give location) <b>327 N 14TH 81508</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>MATTHEW J.</b>	b. (Middle)	c. (Last) <b>CURTIN</b>	4. DATE OF DEATH (Month) (Day) (Year)	<b>2-1-1955</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>WH.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>12-14-1874</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months <b>-</b> Days <b>-</b>	IF UNDER 2 HRS. Hours <b>-</b> Min. <b>-</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED LABOR</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>ICELAND 4</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>JERIMIAH CURTIN</b>	13b. MOTHER'S MAIDEN NAME <b>MARY (UNK)</b>	14. NAME OF HUSBAND OR WIFE <b>CATHERINE CURTIN</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Miss CATHERINE CURTIN</b>	ADDRESS <b>327 N 14TH</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>		<b>2 weeks</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Cardiovascular Dis</b> DUE TO (c) <b>Generalized Arteriosclerosis</b>		<b>20 years</b> <b>4437</b> <b>40 years</b>
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)
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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?
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22. I hereby certify that I attended the deceased from **Nov 18, 1954**, to **Feb 1, 1955**, that I last saw the deceased alive on **Feb 1, 1955**, and that death occurred at **6:55 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. W. Dodson</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Wasson City, Missouri</b>	23c. DATE SIGNED <b>2-2-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>2-3-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MT ST MARY'S CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MO</b>
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DATE REC'D BY LOCAL REG. <b>2-2-55</b>	REGISTRAR'S SIGNATURE <b>newa minshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Reising MORTUARY</b>	ADDRESS <b>KC, Kans.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*W. Colson  
Professional Body*

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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.....  
*Leonard C. Passante*

Licensed Embalmer No. *455*  
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.