

FILED NOV 7 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32292

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 1158	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri, b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) DOA		c. CITY OR TOWN Clair Joseph		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 Missouri Methodist Hospital				e. STREET ADDRESS (If rural, give location) none R#1 St. Joseph, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) Lawrence			b. (Middle) Richard		c. (Last) Kurth		4. DATE OF DEATH (Month) (Day) (Year) October 31, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH June 7, 1947		9. AGE (In years last birthday) 8 if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY 3rd grade		11. BIRTHPLACE (City and State or Foreign Country) / Platte Valley School Aurora, Illinois.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Lawrence R. Kurth			13b. MOTHER'S MAIDEN NAME Ethelda Florence Hotze		14. NAME OF HUSBAND OR WIFE none		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lawrence R. Kurth R#1 St. Joseph, Mo.			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Concussion of the Brain ANTECEDENT CAUSES Contusion on left side of head Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) and facial fracture right femur. DUE TO (c) DOA, Missouri Methodist Hospital. II. OTHER SIGNIFICANT CONDITIONS Boy was injured when struck by an automobile driven by another person on U.S. Highway #36, 3 miles east of St. Joseph, Mo. Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 1 day.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Accident U.S. Highway 36		21c. (City, town, or township) Washington, Buchanan Mo		21d. (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 31 - 1955 5:40 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Struck by an automobile			
22. I hereby certify that I saw the deceased from on 10/31, 1955, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:40 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H F Mundy (Coroner) M.D.				23b. ADDRESS St Joseph Mo		23c. DATE SIGNED 10/31/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Nov. 2, 1955		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		24d. LOCATION (City, town, or county) (State) Topeka, Kansas.	
DATE REC'D BY LOCAL REG. Nov 1, 1955		REGISTRAR'S SIGNATURE Heather M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Lue Miller Waffer		ADDRESS St. Joseph, Mo.	

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 ..... Signature of Student Embalmer

Signed: *Albert C. Jennings* ..... Licensed Embalmer No. 3258 M

P. O. Address...St...Joseph,...

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.