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FILED NOV 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36800**
4731

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY **Jackson**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Jackson**

b. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN **Kansas City**

c. CITY OR TOWN **Kansas City**

d. Is Residence within limits of a city or incorporated town?
Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION
General Hospital No. 1

e. STREET ADDRESS (If rural, give location)
5331 Highland

3. NAME OF DECEASED
a. (First) **Jerome** b. (Middle) _____ c. (Last) **Curry**

4. DATE OF DEATH
(Month) (Day) (Year)
11 2 1955

5. SEX Male

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH
Dec. 4, 1891

9. AGE (In years last birthday) **63 years**
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)
Retired Barber

10b. KIND OF BUSINESS OR INDUSTRY
Barber Shop

11. BIRTHPLACE (City and State or Foreign Country)
Henry, Tenn.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
John Curry

13b. MOTHER'S MAIDEN NAME
Elizabeth Burnett

14. NAME OF HUSBAND OR WIFE
Mrs Lennye Curry

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.
—

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mother Ludvine Little Sisters Home

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
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Bronchopneumonia** **5331 Highland**

ANTECEDENT CAUSES
DUE TO (b) **Fracture of right femur**
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c) **Intra abdominal tumor type not determined**
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

**89037
44**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
Accident

21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.)
Little Sisters of the Poor, Kansas City, Jackson

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Jackson, Jackson, Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
8-13-55

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?
fell on floor

22. I hereby certify that I attended the deceased from **Aug. 13, 1955**, to **Nov. 2, 1955**, that I last saw the deceased alive on **Nov. 2, 1955**, and that death occurred at **9:50A m.**, from the causes and on the date stated above.

23a. SIGNATURE **B.I. Burns** (Degree or title) **D**

23b. ADDRESS
24th & Cherry

23c. DATE SIGNED
11-2-1955

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
Nov. 4, 1955

24c. NAME OF CEMETERY OR CREMATORY
Mt. Olivet

24d. LOCATION (City, town, or county) (State)
Hickman Mills, Mo.

DATE REC'D BY LOCAL REG. **11-4-55** REGISTRAR'S SIGNATURE **Neve Minshall**

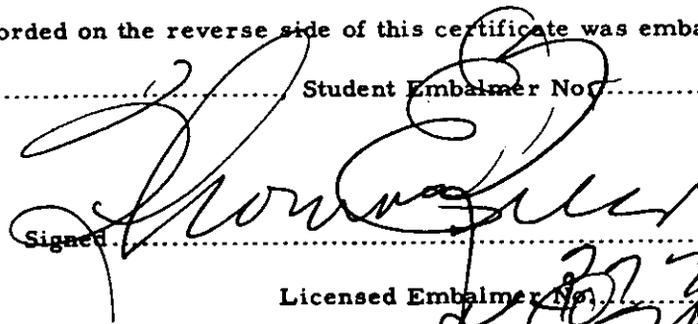
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Thomas E. Quirk 4316 Troost Ave.

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 

Licensed Embalmer No.

P. O. Address

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.