

FILED APR 25 1957

STANDARD CERTIFICATE OF DEATH

13062

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1545

300
1-56Health, Welfare
Public
Service

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

R. S. Long

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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2202 Kensington			Length of stay in lb 39 yrs.		d. STREET ADDRESS (If outside, give location) 2202 Kensington			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Velma Middle T. Last Curtis				4. DATE OF DEATH Month Apr. Day 1, Year 1957					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 19, 1894		9. AGE (In years last birthday) 62 IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0 IF UNDER 24 HRS. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (City and state or country) Wakenda, Missouri			12. CITIZEN OF WHAT COUNTRY? U. S. A	
13. FATHER'S NAME William N. Adkins				14. MOTHER'S MAIDEN NAME Sarah D. Staton					
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. 489-30-0605		17. INFORMANT Address Sammie R. Curtis 5303 Ridgeway				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Terminal Uremic failure								INTERVAL BETWEEN ONSET AND DEATH Days 3 hrs. 0	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Advanced carcinoma of the Cervix						12 plus mos	
		DUE TO (c)						1714	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Hypertension; coronary insufficiency								19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour a. m. Month Day, Year p. m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION,		COUNTY		STATE	
21. I attended the deceased from 5-2-56 to 4-1-57 and last saw her her 7:10 P.M. on the date stated above; and to the best of my knowledge, from the causes stated. Death occurred at 7:10 P.M.				22a. SIGNATURE (Deceased or title) <i>[Signature]</i>		22b. ADDRESS 4800 E. 24th St., Kansas City, Mo.		22c. DATE SIGNED Apr 1957	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4/3/57		23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		23d. LOCATION (City, town, or county) (State) Carrollton, Missouri			
24. FUNERAL DIRECTOR Earp & Sons 4139 Truman Rd. K. C.			25. DATE RECD. BY LOCAL REG. 4-2-57		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>				

(Licensed Embalmer's Statement on Reverse Side)

Faint, mostly illegible text at the top of the page, possibly containing names and dates.



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 *John B. [Signature]*
Licensed Embalmer No. *293*

P. O. Address *J.C. 9*

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.