

FILED JUN 12 1957

STANDARD CERTIFICATE OF DEATH

17265

STATE FILE NUMBER

2414

Registration District No. 149 Primary Registration District 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>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		c. CITY <b>258</b> OR TOWN <b>KANSAS CITY</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VETERANS ADM. HOSPITAL</b>		d. STREET ADDRESS <b>2816 KENSINGTON</b>	
Length of stay in hospital <b>55 years</b>		Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>LLOYD</b> Middle <b>CURTIS</b> Last <b>NAVE</b>			4. DATE OF DEATH <b>May 22, 1957</b> Month <b>May</b> Day <b>22</b> Year <b>1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>February 14, 1896</b>	9. AGE (In years last birthday) <b>61</b> IF UNDER 1 YEAR: Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Night watchman</b>		100. KIND OF BUSINESS OR INDUSTRY <b>JUDGE SEBASTIAN JACKSON COUNTY CIRCUIT COURT</b>		11. BIRTHPLACE (City and state or country) <b>Loos Summit, Mo.</b>	
13. FATHER'S NAME <b>Thomas James Nave</b>		14. MOTHER'S MAIDEN NAME <b>Betty Nevins</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WWI</b>		16. SOCIAL SECURITY NO. <b>497 14 6932</b>		17. INFORMANT <b>VA Hospital Official Records, K. C. Mo.</b>	

19. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cachexia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>18 1/2</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Rt. acute pyelonephritis (rt cutaneous ureterostomy and atrophy of lt kidney (ligature of lt ureter))</b>		
DUE TO (c) <b>Carcinoma of urinary bladder</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? <b>YES</b> <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <b>2:00 AM</b> a. m. <b>2</b> 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 <b>VA Hospital, Kansas City, Mo.</b> COUNTY STATE

21. I attended the deceased from <b>March 13, 1957</b> to <b>May 22, 1957</b> Death occurred at <b>2:00 AM</b> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <b>GUIDO PODRECCA, M.D. Guido Podrecca</b>	22b. ADDRESS <b>VA Hospital, Kansas City, Mo.</b>	22c. DATE SIGNED <b>5/22/57</b>

23a. BURIAL CREMATION (Specify) <b>Burial</b>	23b. DATE <b>May 24, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>LEE'S Summit Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Lee's Summit, Missouri</b>
24. FUNERAL DIRECTOR <b>D.W. Newcomers Sons</b> ADDRESS <b>1331 K.C. Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>5-24-57</b>	26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>

(Licensed Embalmer's Statement on Reverse Side)

300  
1-56

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

MEDICAL CERTIFICATION

KP  
2  
PK

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 *Basil Honey*

Licensed Embalmer No. *472*

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.