THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 12 1957

STATE FILE NUMBER 24496 3452

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

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wabenda — Length of stay in Hospital 2 wks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Sedgwick
c. CITY OR TOWN Wichita — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 327½ S. Market — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First LEROY Middle S. Last CURRY
4. DATE OF DEATH Month July Day 21 Year 57
5. SEX M
6. COLOR OR RACE W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH May 8-1879
9. AGE (In years last birthday) 78 — 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) Paper Route
10b. KIND OF BUSINESS OR INDUSTRY Newspaper
11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME L. S. Curry
14. MOTHER'S MAIDEN NAME unk
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 515-20-1049
17. INFORMANT Fay Curry, Address Pleasant Valley, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH 9 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Septicemia — 24 hrs
DUE TO (c) Gas Gangrene, enlarged prostate — 30 hrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
P.O. Prostatectomy. 610 X
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 July 7, 1957 to July 21, 1957 and last saw her/him alive on July 21, 1957
Death occurred at 7:10 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John E. Linville (Degree or title) D.O.
22b. ADDRESS 25 E 12th - Ft. C. Mo.
22c. DATE SIGNED 7-22-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE July 21-57
23c. NAME OF CEMETERY OR CREMATORY Park Cemetery
23d. LOCATION (City, town, or county) Wichita (State) Kans.

24. FUNERAL DIRECTOR Church-Archer Co. ADDRESS Liberty Mo
25. DATE RECD. BY LOCAL REG. 7-23-57
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

John E. Linville, D.O.

AUG 0 1 1959

AUG 12 1959

Ben 1-2141

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John Lonborg

Licensed Embalmer No. 44

P. O. Address Liberty

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.

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