Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-021290
STATE FILE NUMBER

FILED JUN 24 1959 Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 2769

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN Kansas City — Inside Limits Yes XX No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION General Hosp. — Length of stay in 1b 9 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes XX No ☐
d. STREET ADDRESS (If outside, give location) 2001 Spruce — Reside on Farm Yes ☐ No XX

3. NAME OF DECEASED (Type or print) First CLIFFORD Middle B. Last CURTIS

4. DATE OF DEATH Month June Day 6 Year 1959

5. SEX Male

6. COLOR OR RACE White

7. MARRIED XX NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH April 5,1911

9. AGE (In years last birthday) 48 — 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) Truck-Driver

10b. KIND OF BUSINESS OR INDUSTRY Interstate Oil Co.

11. BIRTHPLACE (City and state or country) Paola, Kansas

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

13a. FATHER'S NAME Bert Curtis

13b. MOTHER'S MAIDEN NAME Daisy Marsh

14. NAME OF HUSBAND OR WIFE Christine Curtis

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. 702-10-1333

17. INFORMANT Address Mrs. Christine Curtis, 2001 Spruce

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) Carcinoma of Lung — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 16.3X

19. WAS AUTOPSY PERFORMED? YES ☐ NO XX

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 Feb. 24,1959, to June 6,1959 and last saw him alive on June 6, 1959
Death occurred at 6:10A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Abraham Gelperin (Degree or title) D

22b. ADDRESS General Hospital KC, Mo.

22c. DATE SIGNED 6-6-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE June 6,1959

23c. NAME OF CEMETERY OR CREMATORY —

23d. LOCATION (City, town, or county) (State) Paola, Kansas

24. FUNERAL DIRECTOR FREEMAN MORTUARY, ADDRESS Kansas City, Mo.

25. DATE RECD. BY LOCAL REG. 6-6-59

26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
Abraham Gelperin M. D.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Clayton H. Barnes

Licensed Embalmer No. 4793

P. O. Address K.C., 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.