

DURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 7 1959

59-040002

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5632

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| 1. PLACE OF DEATH<br>a. COUNTY <u>JACKSON</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MISSOURI</u> COUNTY <u>JACKSON</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>KANSAS CITY</u>                |  | Length of stay in 1b<br><u>40 yrs.</u>  | c. CITY OR TOWN <u>KANSAS CITY</u><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                       |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>TRINITY LUTHERAN</u> |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><u>618 S. BRIGHTON</u><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First <u>JAMES</u> Middle <u>HENRY</u> Last <u>CURTIS</u> |  |  | 4. DATE OF DEATH<br>Month <u>11</u> Day <u>20</u> Year <u>1959</u> |  |  |
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|-----------------------|----------------------------------|---|-------------------------------------|-------------------------------------|--|--|
| 5. SEX<br><u>MALE</u> | 6. COLOR OR RACE<br><u>WHITE</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>6-9-1892</u> | 9. AGE (last birthday)<br><u>67</u> | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 24 HR<br>Hours _____ Min. _____ |
|-----------------------|----------------------------------|---|-------------------------------------|-------------------------------------|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>STREET CAR &amp; BUS OPER.</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>K.C. PUBLIC SERVICE</u> | 11. BIRTHPLACE (City and state or country)<br><u>CAMERON, MISSOURI</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u> |
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| 13a. FATHER'S NAME<br><u>Wm. H. CURTIS</u> | 13b. MOTHER'S MAIDEN NAME<br><u>DAISY LEACH</u> | 14. NAME OF HUSBAND OR WIFE<br><u>WANDA CURTIS</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u> | 16. SOCIAL SECURITY NO.<br><u>495-05-3110</u> | 17. INFORMANT<br><u>WANDA CURTIS</u><br>Address <u>618 S. Brighton K.C., Mo.</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 yrs -</u> |
| IMMEDIATE CAUSE (a) <u>Cor Pulmonale</u>   |   |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.               | DUE TO (b) <u>Pulmonary Emphysema + Fibrosis - Chronic Obstructive Bronchitis - Cause unknown</u> | <u>6 yrs</u>                                       |
|  | DUE TO (c)  |  |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input 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.) |
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| 20c. TIME OF INJURY<br>Hour _____ Month, Day, Year _____<br>a.m. _____ p.m. _____ |
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| 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<br>COUNTY _____ STATE _____ |
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21. I attended the deceased from July 1955 to Nov 20, 1959 and last saw him alive on Nov. 20, 1959  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title)<br><u>Edward H. Fischer M.D.</u> | 22b. ADDRESS<br><u>306 E. N. 16 MO</u> | 22c. DATE SIGNED<br><u>11-22-59</u> |
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|   |                                |   |   |
|---|--------------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>REMOVAL</u> | 23b. DATE<br><u>11-23-1959</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>CAMERON CEMETERY</u> | 23d. LOCATION (City, town, or county) (State)<br><u>CAMERON, MISSOURI</u> |
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| 24. FUNERAL DIRECTOR<br><u>C.N. BLACKMAN &amp; SON INC. K.C., MO.</u><br>ADDRESS _____ | 25. DATE RECD BY LOCAL REG.<br><u>11-22-59</u> | 26. REGISTRAR'S SIGNATURE<br><u>Neval Marshall</u> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF  
Edw. H. Fischer

**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 W.C. Ruine

Licensed Embalmer No. 4879

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.