

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006418

FILED VS. MAR 3 1960

Registration District No. 147

Primary Registration District No. 1002

Registrar's No. 847

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Leavenworth				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 2 weeks		c. CITY OR TOWN Tonganoxie		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS R.R. 3		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Willis J. McCurdy				4. DATE OF DEATH Month February Day 9 Year 1960				
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9-16-1896	9. AGE (last birthday) 63	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Switchman			10b. KIND OF BUSINESS OR INDUSTRY Santa Fe R.R.	11. BIRTHPLACE (City and state or country) Cincinnati, Ohio		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME No Data			13b. MOTHER'S MAIDEN NAME No Data		14. NAME OF HUSBAND OR WIFE Mrs. Alice E. McCurdy			
15. WAS DECEASED IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service.) No			16. SOCIAL SECURITY NO. mona	17. INFORMANT Tonganoxie, Kansas Mrs. Alice E. McCurdy (Wife)				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Myocarditis							12 days	
DUE TO (b) Influenza							3 wks.	
DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Emphysema and Chronic Cor Pulmonale						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? 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 0 Month 0 Day 0 Year 0 a.m. 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 April 1955 to 2-9-60 and last saw him alive on 2-9-60 Death occurred at 9:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Paul B. Burger, M.D.				22b. ADDRESS 5949 Neman - Shawnee, Ks.		22c. DATE SIGNED 2-12-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-11-60	23c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery		23d. LOCATION (City, town, or county) Kansas City, Kansas		23e. (State)		
24. FUNERAL DIRECTOR Simmons Funeral Home			ADDRESS K.C. Kansas	25. DATE RECD. BY LOCAL REG. 2-12-60	26. REGISTRAR'S SIGNATURE Ilva Minshall			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF
Paul B. Burger

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. 508
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald H. Ammon

Licensed Embalmer No. 5084

P. O. Address K. C. K.

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.