

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-018714

FILED VS MAY 27 1960

893

Primary Registration District No. 1002

Registrar's No. 2651

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Clay</b>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City North</b>		c. CITY OR TOWN <b>Kansas City North</b>	
Length of stay in 1b <b>35 years</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>5242 No. Park</b>		d. STREET ADDRESS (If outside, give location) <b>5242 No. Park</b>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Richard P.</b> Middle <b>CURTIS</b> Last <b>CURTIS</b>			4. DATE OF DEATH Month <b>MAY</b> Day <b>12</b> Year <b>1960</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Caucasion</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4-25-1910</b>	9. AGE (last birthday) <b>50 yrs</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Switchman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Bell Telephone Co</b>		11. BIRTHPLACE (City and state or country) <b>Cardigeway, Mo. U.S.</b>		12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME <b>R.A. Curtis</b>		13b. MOTHER'S MAIDEN NAME <b>Corkens</b>		14. NAME OF HUSBAND OR WIFE <b>Helen Curtis</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>486-03-8051</b>		17. INFORMANT <b>Mrs. Helen Curtis</b>		
				Address <b>5242 No. Park</b>		

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) <b>arterioscleri heart resin-crowny</b>		<b>None</b>	
DUE TO (b) <b>long arterioscleri</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) <b>Branchial Cystoma</b>		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 Month, Day, Year			
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 **4-21-60** to **5-18-60** and last saw him alive on **5-11-60**.  
Death occurred at **2:00 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Robert H. Hodge</b>		22b. ADDRESS <b>North Kansas City Mo</b>		22c. DATE SIGNED <b>5-13-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>5-14-1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Cedar Hill Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Blythdale, Mo.</b>		24. FUNERAL DIRECTOR <b>D.W. Newcomer's Sons</b>		25. DATE RECD. BY LOCAL REG. <b>5-14-60</b>	
ADDRESS <b>N.R.C.</b>		26. REGISTRAR'S SIGNATURE <b>newal minshall</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Robert H. Hodge

10 copies

**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. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John H. Kalsback

Licensed Embalmer No. 4949  
P. O. Address No. Kansas

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.