MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-005399

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 862

FILED VS MAR 3 1961

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
2			

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY
Length of stay in 1b: 10 years ~~1 day~~
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: JACKSON COUNTY HOSP.
Inside Limits: Yes XX No ☐

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): 11904 E. 51st
Reside on Farm: Yes ☐ No XX

3. NAME OF DECEASED (Type or print): First: CURTIS Middle: H. Last: KUHN

4. DATE OF DEATH: Month February Day 16 Year 1961

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☐ Divorced XX
8. DATE OF BIRTH: 8-23-1900
9. AGE (last birthday): 60
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FIRE DEPARTMENT
10b. KIND OF BUSINESS OR INDUSTRY: FIREMAN
11. BIRTHPLACE (City and state or country): BEARDSTOWN, ILL.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: WM. J. KUHN
13b. MOTHER'S MAIDEN NAME: MOLLIE INCGAN
14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT: Mrs. Myrtle M. Goffinett Address: -11904 E.51stK.C.

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): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Unknown
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 10-1-60 to 2-14-61 and last saw ~~her~~ him alive on 2-14-61
Death occurred at 12:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. P. McCalla (Degree or title): M.D.
22b. ADDRESS: 63 & Paytown Rd., Paytown MO
22c. DATE SIGNED: 2/17/61

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 2-18-61
23c. NAME OF CEMETERY OR CREMATORY: FORREST HILL CEMETERY
23d. LOCATION (City, town, or county) (State): KANSAS CITY, MO.

24. FUNERAL DIRECTOR: GEO.C.CARSON & SONS, ADDRESS: INDEPENDENCE, MO.
25. DATE RECD. BY LOCAL REG.: 2-18-61
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

Dr. M. Calla
6312 Raytown

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 R. Kenneth Patterson

Licensed Embalmer No. 4697

P. O. Address Indep 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.