

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037027
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5315

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

SHOULD READ

ITEM NO.

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED NOV 1 1961

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in lb 56 Yrs.

c. CITY OR TOWN Kansas City Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Hosp. Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 4302 Paseo Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Max Middle Kurs Last Kurs

4. DATE OF DEATH Month October Day 23 Year 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH Approx. 83 9. AGE (last birthday) IF UNDER 1 YEAR Months 83 Days 0 Hours 0 Min. 0

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

13a. FATHER'S NAME Simon C. Kurs 13b. MOTHER'S MAIDEN NAME Sofia 14. NAME OF HUSBAND OR WIFE Lena Kurs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. --- 17. INFORMANT Address Lena Kurs, 4302 Paseo K.C., Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Coronary Thrombosis
DUE TO (b) Generalized and Cerebral Arteriosclerosis 10 years
DUE TO (c) _____
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Bronchopneumonia

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 _____ 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 1947 to 10/23/61 and last saw ^{her}him alive on 10/20/61
Death occurred at 2:30 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Jack W. Wolf M.D. 22b. ADDRESS 409 E. 63 St. Kansas City, Mo. 22c. DATE SIGNED 10/23/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 10/24/1961 23c. NAME OF CEMETERY OR CREMATORY Sheffield Cemetery 23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS J.P. Louis Funeral Home, K.C., Mo. 25. DATE RECD. BY LOCAL REG. 10-24-61 26. REGISTRAR'S SIGNATURE Ruth Song

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 *Greg Buffington.*

Licensed Embalmer No. 2756

P. O. Address ECMO

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.