

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 1217
Registrar's No. 311

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>WYANDOTTE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>2da.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Kansas</u>		999 14 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LakeSide Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>606 1/2 Shawnee</u>			
3. NAME OF DECEASED (Type or Print) <u>EUNICE A. CURTNER</u>			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 19 1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 14, 1891</u>	
9. AGE (in years last birthday) <u>57</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Galesburg, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>A. J. Thompson</u>			13b. MOTHER'S MAIDEN NAME <u>Hattie E. Humphrey</u>		14. NAME OF HUSBAND OR WIFE <u>C. F. Curtner</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>? - -</u>		17. INFORMANT'S SIGNATURE OR NAME <u>C. F. Curtner</u>			ADDRESS <u>606 1/2 Shawnee</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>					INTERVAL BETWEEN ONSET AND DEATH <u>15 1/2 minutes</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Embolism</u>					<u>15 1/2 minutes</u>
		DUE TO (c) <u>Removal Left Breast</u>					<u>2 hours</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma Left Breast</u>					<u>18 months</u>
19a. DATE OF OPERATION <u>1-19-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Chronic Carcinoma Left Breast (T10)</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>1-17, 1949</u> , to <u>1-19, 1949</u> , that I last saw the deceased alive on <u>1-17, 1949</u> , and that death occurred at <u>1:20 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm. R. Jasper</u>			23b. ADDRESS <u>3034 Harrison</u>		23c. DATE SIGNED <u>1-21-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Jan. 22, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wellington City</u>		24d. LOCATION (City, town, or county) (State) <u>Wellington, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1-22-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Blair Sheppard</u> ADDRESS <u>Wellington, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed _____

J. Blair & Sheppard
4179

Licensed Embalmer No. _____

P. O. Address *Wellington, Mass*

Signed _____
Student Embalmer

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 this body is not embalmed, fact should be so stated above.