

37698

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300

10.48

485
11

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 435

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence
c. LENGTH OF STAY (in this place) 17 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, 811 S. Marion

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence
d. STREET ADDRESS (If rural, give location) 811 S. Marion

3. NAME OF DECEASED
a. (First) Samuel b. (Middle) J. c. (Last) Curtis

4. DATE OF DEATH (Month) (Day) (Year)
Nov. 15, 1951

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Mar. 31, 1882

9. AGE (In years last birthday) 69

IF UNDER 1 YEAR Months Days
IF UNDER 4 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Fire Captain

10b. KIND OF BUSINESS OR INDUSTRY K. C. Fire Dept.

11. BIRTHPLACE (State or foreign country) unknown, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Joseph Curtis

13b. MOTHER'S MAIDEN NAME Sidney French

14. NAME OF HUSBAND OR WIFE Jessie E. Curtis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. Jessie E. Curtis, Independence, Mo.

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Coronary Occlusion
ANTECEDENT CAUSES
DUE TO (b) Not Known
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Sawing up a large tree - floor length the past 2 weeks.

INTERVAL BETWEEN ONSET AND DEATH
2 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
4201

20. AUTOPSY? YES NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 14th, 1951, to Nov 15th, 1951, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:55 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. N. Hill, M.D.

23b. ADDRESS 1438 Hedges Dr Independence, Mo.

23c. DATE SIGNED 11/15/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Nov. 17, 1951

24c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cem.

24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 11-17-51

REGISTRAR'S SIGNATURE James H. Tracy

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Geo. L. Carson Independence, Mo.

(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

Warren Kraft

Student Embalmer No.

437

working under my personal supervision.

Student *Warren C. Kraft*
Student Embalmer

Signed

loyd b. Carson

Licensed Embalmer No.

4199

P. O. Address

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