

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31560

State File No.

3966

FILED SEP 20 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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, write RURAL and give township) OR TOWN Kansas City Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lakeside Hospital		d. STREET ADDRESS (If rural, give location) 3550 Bell St.	

3. NAME OF DECEASED (Type or Print) a. (First) Martin b. (Middle) Bernard c. (Last) Curry			4. DATE OF DEATH (Month) (Day) (Year) Sept. 7 1952
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 26, 1892	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months 3 Days 17	IF UNDER 24 HRS. Hours 17 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern Prop.	10b. KIND OF BUSINESS OR INDUSTRY Tavern Prop.	11. BIRTHPLACE (City and State or Foreign Country) Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John J Curry	13b. MOTHER'S MAIDEN NAME Enora Foye	14. NAME OF HUSBAND OR WIFE Marie C Curry
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 487-09-1619	17. INFORMANT'S SIGNATURE OR NAME Marie C Curry ADDRESS 3550 Bell K C Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 5 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) Kansas Jackson MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 9-6-1952, to 9-7-1952, that I last saw the deceased alive on 9-7-1952, and that death occurred at 2:35A m., from the causes and on the date stated above.

23a. SIGNATURE D. D. Ludwig (Degree or title)	23b. ADDRESS 407 W. 34th Terrace	23c. DATE SIGNED 9-7-52
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24a. BURIAL CREMATION TYPICAL (Specify)	24b. DATE Sept 10 1952	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet	24d. LOCATION (City, town, or county) (State) Kansas City Mo.
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DATE REC'D BY LOCAL REG. 9-8-52	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE MELLODY-MCGILLEY-EYLAR ADDRESS 1800 E. 24th St. Kansas City
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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.

Student
Student Embalmer

Signed

F. Lee Schaberg

Licensed Embalmer No. 4513

P. O. Address Adrian, Ind

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.