

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13195

State File No. ....

FILED MAY 4 1956

1517

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) KANSAS CITY c. LENGTH OF STAY (In this place) 5 yrs.  
c. CITY OR TOWN KANSAS CITY d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION QUEEN OF THE WORLD HOSPITAL e. STREET ADDRESS (If rural, give location) 2928 E. 29TH. STREET

3. NAME OF DECEASED a. (First) CURTIS b. (Middle) \*\*\*\*\* c. (Last) COUNCE 4. DATE OF DEATH (Month) (Day) (Year) APRIL 7, 1956

5. SEX MALE 6. COLOR OR RACE NEGRO 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED 8. DATE OF BIRTH APRIL 22, 1950 9. AGE (In years last birthday) 5 10. UNDER 1 YEAR Months 3 Days 15 11. UNDER 24 HRS. Hours 3 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE 10b. KIND OF BUSINESS OR INDUSTRY --- 11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY KANSAS 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JAMES COUNCE 13b. MOTHER'S MAIDEN NAME MARIE BUTTS 14. NAME OF HUSBAND OR WIFE NOT MARRIED, A CHILD

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. NONE 17. INFORMANT'S SIGNATURE OR NAME Marie Newman ADDRESS 2928 E. 29th. St. KCMO

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Acute diffuse glomerulonephritis INTERVAL BETWEEN ONSET AND DEATH  
ANTECEDENT CAUSES (b) (n.m.o.)  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS Atelectasis of lungs, bilateral  
Severe pulmonary congestion 590\*

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 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) (Minute) \_\_\_\_\_ 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 4-7, 1956, to 4-7, 1956, that I last saw the deceased alive on 4-7, 1956, and that death occurred at 11:40 AM, from the causes and on the date stated above.

23a. SIGNATURE Starks J. Williams (Degree or title) D 23b. ADDRESS 2462 A. Brooklyn 23c. DATE SIGNED 4-9-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 4/11/56 24c. NAME OF CEMETERY OR CREMATORY Lincoln 24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI

DATE REC'D BY LOCAL REG. 4-9-56 REGISTRAR'S SIGNATURE Neva Minshall 25. FUNERAL DIRECTOR'S SIGNATURE Watkins B. ... ADDRESS 18th & Benton

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

File 1 - 8811  
10 - 10 - 1920

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.....  
*Bruce R. Watkins*

Licensed Embalmer No. *45*  
P. O. Address *18th St*

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.