

FILED JUL 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20469

State File No. \_\_\_\_\_

2819

BIRTH NO. 34920-50 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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>MISSOURI</u> b. COUNTY <u>JACKSON</u>		
b. CITY OR TOWN <u>KANSAS CITY MO</u>		c. LENGTH OF STAY (in this place) <u>8 days</u>	c. CITY OR TOWN <u>KANSAS CITY MO</u>		d. STREET ADDRESS (If rural, give location) <u>7238 E-41st</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeside Hospital</u>			3. NAME OF DECEASED a. (First) <u>Margaret</u> b. (Middle) <u>ANN</u> c. (Last) <u>Siders</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>6 25 1950</u>		5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant. (1)</u>	8. DATE OF BIRTH <u>6-22-1950</u>
9. AGE (In years last birthday) <u>30a</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Kansas City MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Donald Dean Siders</u>		13b. MOTHER'S MAIDEN NAME <u>Patricia Roberts</u>		14. NAME OF HUSBAND OR WIFE <u>Donald Dean Siders</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Donald Siders</u> ADDRESS <u>7238 E. 41st.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intraventricular system Aneurysm</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Sister Cardia</u> DUE TO (c) <u>Hypertension</u> 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 checked="" type="checkbox"/> NO <input 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) (Min.)		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>6-22-</u> , 19 <u>50</u> , to <u>6-25</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>6-25</u> , 19 <u>50</u> , and that death occurred at <u>4:30 a. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Carl W. Moore</u> (Degree or title) <u>Dr.</u>			23b. ADDRESS <u>6425 E 37th K.C. 32nd</u>		23c. DATE SIGNED <u>6-25-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>6-26-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>
DATE REC'D BY LOCAL REG. <u>6-26-50</u>		REGISTRAR'S SIGNATURE <u>Deraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilks Funeral Home</u> ADDRESS <u>Kansas City 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 <sup>was</sup> ~~was~~ embalmed by me, or by \_\_\_\_\_

*Not Embalmed* \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed *Chas E. Welles* \_\_\_\_\_

Licensed Embalmer No. *2644* \_\_\_\_\_

P. O. Address *H.C. Mc* \_\_\_\_\_

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.