

No. 300  
10.48

1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1614

State File No. ....

FILED JAN 23 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 2

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 INDEPENDENCE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 3.188	
c. LENGTH OF STAY (in this place) 2 weeks		d. STREET ADDRESS (If rural, give location) 2805 E 8TH STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION INDEPENDENCE SANITARIUM			

3. NAME OF DECEASED (Type or Print) a. (First) GLENN b. (Middle) FRANK c. (Last) Liddle	4. DATE OF DEATH (Month) (Day) (Year) JAN 1 1952
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5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED	8. DATE OF BIRTH AUGUST 16, 1882	9. AGE (In years last birthday) 69	10. IF UNDER 1 YEAR Months	11. IF UNDER 12 HRS. Hours	12. IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postal Clerk, Retired	10b. KIND OF BUSINESS OR INDUSTRY U.S. Post Office	11. BIRTHPLACE (State or foreign country) Holden Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Alfred Liddle	13b. MOTHER'S MAIDEN NAME UNKNOWN FLYNN	14. NAME OF HUSBAND OR WIFE MAYC. Liddle
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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 MAYC. Liddle 2805 E. 8th St. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute intestinal obstruction		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Congenital fibrous band over ileum	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic glomerulonephritis, Mitral stenosis, probably rheumatic of previous origin			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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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 pathologist, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 10:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE Lorraine E. Schultz, M.D.	23b. ADDRESS Independence San. + Hospital	23c. DATE SIGNED 1-2-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	24b. DATE JAN. 4. 1952	24c. NAME OF CEMETERY OR CREMATORY DUNDEWOMER'S SONS	24d. LOCATION (City, town, or county) (State) KANSAS CITY Mo.
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DATE REC'D BY LOCAL REG. Jan. 3-1952	REGISTRAR'S SIGNATURE [Signature]	354	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS S.H. Dewcomer's Sons, Kansas City, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 1-1 RECD

RECEIVED

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*John R. Sidmon*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4531

P. O. Address Kansas City, 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.