

FILED JUL 10 1952

STANDARD CERTIFICATE OF DEATH

State File No. 20769

BIRTH NO. 42703 REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 274

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: evidence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Independence</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Independence - Rural - Blue</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Indep. Sanitarium</i>		d. STREET ADDRESS (If rural, give location) <i>Rt 4 Box 974 0480</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>John</i>	b. (Middle) <i>-</i>	c. (Last) <i>Liddle</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>June 25 1952</i>
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never Married</i>	8. DATE OF BIRTH <i>June 24 1912</i>	9. AGE (In years last birthday) <i>0 0 0</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) <i>Independence, Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>John B. Liddle</i>	13b. MOTHER'S MAIDEN NAME <i>Mary C. Adams</i>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>John B. Liddle</i>	ADDRESS <i>Rt 4 Indep. Mo</i>
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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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Generalized Atelectasis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>None</i>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Prematurity, Retained Debris of Placenta</i> <i>9-14-52</i> DUE TO (c) <i>Premature Rupture of membranes on 4-23-52</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <i>None</i>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT 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)	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 *June 24*, 1952, to *June 25*, 1952, that I last saw the deceased alive on *June 24*, 1952, and that death occurred at *6:05 A.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>James E. ...</i>	(Degree or title)	23b. ADDRESS <i>317 W. Kansas, Independence, Mo.</i>	23c. DATE SIGNED <i>6-25-52</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>June 26 1952</i>	24c. NAME OF CEMETERY OR CREMATORY <i>St. Marys Cem</i>	24d. LOCATION (City, town, or county) (State) <i>Indep. Mo</i>
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DATE REC'D BY LOCAL REG. <i>6-26-52</i>	REGISTRAR'S SIGNATURE <i>James E. ...</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Walter L. ...</i>	ADDRESS <i>Indep. Mo</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

485  
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Rollie Kessel

Licensed Embalmer No. 4690

P. O. Address Independence, 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.