

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28717**
4019

FILED **AUG 27 1953**

BIRTH NO.		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1002</u>	Registrar's No. <u>4019</u>
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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	c. LENGTH OF STAY (In this place) <u>40 YEARS</u>	c. CITY OR TOWN <u>KANSAS CITY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CLARMONT HOTEL</u> <u>3131 FOREST AVENUE</u>		e. STREET ADDRESS (If rural, give location) <u>CLARMONT HOTEL 3528</u> <u>3131 FOREST AVENUE</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>LAURA</u>	b. (Middle) <u>ELIZABETH</u>	c. (Last) <u>LIDLAW</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>AUG-10-1953</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>	8. DATE OF BIRTH	9. AGE (In years last birthday) <u>83</u> If UNDER 1 YEAR: Months Days If UNDER 2 HRS: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESWOMAN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>REALTY</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>NEAR ST. JOSEPH MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>JESS CLARK</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>W. A. LIDLAW</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>492-26-3089</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>EUGENE C. WHITE</u> <u>6315 BROOKSIDE PLAZA</u> <u>KANSAS CITY, MO.</u>		
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) <u>Congestive heart failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac asthma</u> DUE TO (c) <u>Coronary insufficiency & hypoxia</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)	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>8-10</u> , 19 <u>53</u> , to <u>8-10</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>8-10</u> , 19 <u>53</u> , and that death occurred at <u>3:00 P.</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>J. S. Van Nye</u> (Print or Type)		23b. ADDRESS <u>308 Wirthman City</u>		23c. DATE SIGNED <u>8-11-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>AUG 10 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ELMWOOD CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>8-12-53</u>	REGISTRAR'S SIGNATURE <u>Sheldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Newcome's Sons</u> <u>1331 BROSCH CREEK</u> <u>KANSAS CITY, MO.</u>		

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.....
Signature of Student Embalmer

Signed *John B. Lewis*.....

Licensed Embalmer No. *4875*

P. O. Address *KC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.