

*Whickson*

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27879

State File No. ....

3026

Registrar's No. 339

BIRTH NO. FILED SEP 3 1954 REG. DIST. NO. 146 PRIMARY REG. DIST. 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 town) INDEPENDENCE	c. LENGTH OF STAY (In this place) 12 1/2	c. CITY OR TOWN INDEPENDENCE	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 307 EAST KANSAS		e. STREET ADDRESS (If rural, give location) 307 EAST KANSAS 700 <sup>a</sup>	

3. NAME OF DECEASED (Type or Print) a. (First) DALBERT	b. (Middle) STEVENS	c. (Last) KITTREDGE	4. DATE OF DEATH (Month) (Day) (Year) 8-25-54
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5. SEX M	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 11-5-1887	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 9 Days 20	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of speaking life, even if retired) DRUGGIST	10b. KIND OF BUSINESS OR INDUSTRY DRUG BUSINESS	11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME DALBERT S. KITTREDGE	13b. MOTHER'S MAIDEN NAME LULU HALE	14. NAME OF HUSBAND OR WIFE HAZEL GORHAM
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 496-03-4057	17. INFORMANT'S SIGNATURE OR NAME MRS. D.S. KITTREDGE	ADDRESS 307 E KAN.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <i>Pol. carcinoma of stomach with general metastasis</i>	ANTECEDENT CAUSES	DUE TO (b) <i>part of secondary anemia</i>	<i>Not known</i>
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c)		<i>Not known</i>
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 type="checkbox"/> NO <input checked="" type="checkbox"/> 151 X
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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 *June*, 1954, to *Aug*, 1954, that I last saw the deceased alive on *July*, 1954, and that death occurred at *8:30 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Charles Hickson M.D.</i>	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED 8/26/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-28-54	24c. NAME OF CEMETERY OR CREMATORY Woodlawn	24d. LOCATION (City, town, or county) (State) Independence, Missouri
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DATE REC'D BY LOCAL REG. 8-28-54	REGISTRAR'S SIGNATURE <i>James L. Kelly</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Walter L. Kelly</i>	ADDRESS <i>240</i>
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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 *Walter L. Kopley* .....  
Licensed Embalmer No. *42*  
P. O. Address *Slide*

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.