

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ 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 (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (In this place) <u>3 1/2 yrs</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>750 W. 47th Str</u>			
e. STREET ADDRESS <u>104 700 W. 47th Str</u>		(If rural, give location)	

3. NAME OF DECEASED (Type or Print) <u>SARAH</u>		a. (First) <u>Katherine</u> b. (Middle) <u>Lydick</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>July 14, 1955</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>MAY 5, 1886</u>		9. AGE (In years, last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Troy, KANSAS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John McGahey</u>		13b. MOTHER'S MAIDEN NAME <u>Martha</u>	
14. NAME OF HUSBAND OR WIFE <u>James Lydick</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>James Lydick, Mundelein, Ill.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>EMPHYSEMA</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 MOS.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>METASTATIC ADENOCARCINOMA SPINE AND DURA MATER AT D-8</u>		<u>1 YR.</u>	
DUE TO (c) <u>ADENOCARCINOMA OF BREAST</u>				<u>10 YRS.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>HYPOCHROMIC ANEMIA 170</u>		<u>3 YRS</u>	

19a. DATE OF OPERATION <u>4-22-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>METASTATIC ADENOCARCINOMA OF VERTEBRA AND DURA-D-8</u>		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)		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 Nov. 1954, to JULY 14, 1955, that I last saw the deceased alive on JULY 12, 1955, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>James W. Fowler, M.D.</u>		23b. ADDRESS <u>1103 GRAND AVE. KANSAS CITY, MO.</u>		23c. DATE SIGNED <u>JUL 14, 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7-14-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Newa Minshall Heaton</u>		ADDRESS <u>Bowman Mt. St. Joe, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

By Sid & Mobe's

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
James W. Fowler, M.D.

Myall 9-5-55

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 R. D... ..*

Licensed Embalmer No. 457

P. O. Address Kansas

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.