

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

H. R. Lyddon, Jr., M.D.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 26 1957

STATE FILE NUMBER

8897

1116

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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| 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, give TOWNSHIP only) OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITAL Length of stay in 41 YEARS | | d. STREET ADDRESS (If outside, give location) 7023 THE PASEO Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First HENRY Middle R. Last SHORTRIDGE | | | 4. DATE OF DEATH Month MARCH Day 7 Year 1957 |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH JUNE 16 1893 |
| 9. AGE (In years last birthday) 63 | | IF UNDER 1 YEAR Months 6 Days 3 | IF UNDER 24 HRS. Hours 0 Min. 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MANAGER CLAIM & TRAFFIC DEPT. | | 10b. KIND OF BUSINESS OR INDUSTRY FAETH & COMPANY | 11. BIRTHPLACE (City and state or country) PLEASANT HILL, MISSOURI |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13. FATHER'S NAME WILLIAM D. SHORTRIDGE | |
| 14. MOTHER'S MAIDEN NAME MAUDE PARKER | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) | |
| 16. SOCIAL SECURITY NO. 490-34-5160 | | 17. INFORMANT Address MRS. MAE E. SHORTRIDGE 7023 THE PASEO KANSAS CITY, MO. | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a); (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac infarction & acute pulmonary edema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) — DUE TO (c) — PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). | | | INTERVAL BETWEEN ONSET AND DEATH 4 days |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Hour — Month — Day — Year — a. m. — p. m. — | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 3-3-57 | | 20f. CITY, TOWN, OR LOCATION 3-7-57 COUNTY — STATE — | |
| 21. I attended the deceased from Jackson , to Jackson and last saw her/him alive on 3-7-57 Death occurred at 6:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) H. R. Lyddon, Jr. | | 22b. ADDRESS 1027 E 75, KC, MO. | |
| 22c. DATE SIGNED 3-9-57 | | 23a. BURNING, CREMATION, REMOVAL (Specify) BURIAL | |
| 23b. DATE MAR. 9. 1957 | | 23c. NAME OF CEMETERY OR CREMATORY PLEASANT HILL CEMETERY | |
| 23d. LOCATION (City, town, or county) PLEASANT HILL | | 23e. STATE MISSOURI | |
| 24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO. | | 25. DATE RECD. BY LOCAL REG. 3-9-57 | |
| 26. REGISTRAR'S SIGNATURE Neval Marshall | | | |

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Richard L. Loger*.....
Licensed Embalmer No. *495*

P. O. Address *X.E. 27*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.