

FILED DEC 9 - 1957

STANDARD CERTIFICATE OF DEATH

39630

State File No.

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 5289 Registrar's No. 129

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) Claycomo, Mo.		c. LENGTH OF STAY (in this place) 15 Yrs.	c. CITY OR TOWN Claycomo
d. FULL NAME OF HOSPITAL OR INSTITUTION 350 E. Longfellow		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) Minnie		a. (First) Minnie	b. (Middle) Kidd
c. (Last) Kidd		4. DATE OF DEATH November 23, 1957	

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 9, 1866	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 4 HRS. Hours	IF UNDER 15 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY 6		11. BIRTHPLACE (City and State or Foreign Country) Kearney, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME William Cave	13b. MOTHER'S MAIDEN NAME Susan Dale	14. NAME OF HUSBAND OR WIFE Mr. Frank C. Kidd
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lillian Trout-350 E. Longfellow

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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-Vascular Accident	ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis		
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	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 10-17, 1955, to 11-23, 1957, that I last saw the deceased alive on 11-22, 1957, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Marguerite Hudgens</i>	(Degree or title) <u>MD</u>	23b. ADDRESS <i>11-2557</i>	23c. DATE SIGNED 11-25-57
24a. BURIAL OR CREMATION REMOVAL (Specify) Burial	24b. DATE 11-25-1957	24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery	24d. LOCATION (City, town, or county) (State) Liberty, Missouri

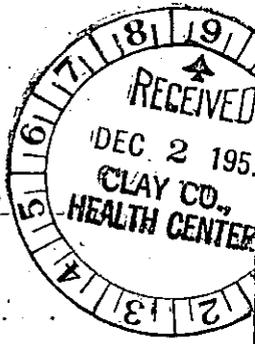
DATE REC'D BY LOCAL REG 11-25-57	REGISTRAR'S SIGNATURE <i>Marguerite Hudgens</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>D.W. Newcomer's Sons</i>	ADDRESS North Kansas City 16, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

444-

NOV 11:45 A.M.



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 W. Halsbeck

Licensed Embalmer No. 4949
P. O. Address No. Kansas City

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.