

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-032785

STATE FILE NUMBER

4306

FILED OCT 1 1958

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>KANSAS CITY</b> 125
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>RESEARCH HOSPITAL</b>		Length of stay in lb <b>32 YEARS</b>	d. STREET ADDRESS (If outside, give location) <b>4804 JEFFERSON ST.</b>
3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>A.</b> Last <b>KITCHEN, sr.</b>		4. DATE OF DEATH Month <b>SEPTEMBER</b> Day <b>9</b> Year <b>1958</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>SEPT. 19, 1894</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LAWYER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>LAW</b>	9. AGE (In years last birthday) <b>63</b> IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HRS.
11. BIRTHPLACE (City and state or country) <b>PHELPS COUNTY, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JAMES KITCHEN</b>		13b. MOTHER'S MAIDEN NAME <b>NANCY EVANS</b>	
14. NAME OF HUSBAND OR WIFE <b>ALINE KITCHEN</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WORLD WAR I</b>	
16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT <b>William A. KITCHEN, JR. 5539 WABASH, K.C. MO.</b> Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Sub. Hyatic abscess, Edema Lung</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Sub total gastrectomy for pyloric obstruction 8-14-58.</b> DUE TO (c) <b>Drainage sub Hyatic abscess. 9-6-58. by Edema Lung.</b>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not related to the terminal disease condition given in PART I (a)) <b>5400</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) <b>_____</b>	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <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.) <b>_____</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>8-12-58</b> to <b>9-9-58</b> and last saw him alive on <b>10 P.M. 9-8-58</b> . Death occurred at <b>3 A. m</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>C. J. Hunt M.D.</b>		22b. ADDRESS <b>1612 P. St. 3rd fl. C. Mo. 9-9-58</b>	
22c. DATE SIGNED <b>9-9-58</b>		23. NAME OF CEMETERY OR CREMATORY <b>MT. MORIAH CEMETERY</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>SEPT. 12, 1958</b>	
23c. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>		24. FUNERAL DIRECTOR <b>D.W. NEWCOMER'S SONS, 1331 BRUSH CREEK, KANSAS CITY, MO.</b>	
25. DATE RECD. BY LOCAL REG. <b>9-9-58</b>		26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

C. J. Hunt

not 2-4-624



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 *Harold L. Eckert*

Licensed Embalmer No. *3035*  
P. O. Address *Ed. C. 210*

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.