

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-032786

STATE FILE NUMBER

FILED SEP 16 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4079

300  
1-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>120 S. White</i>		Length of stay in lb <i>57 yrs.</i>		d. STREET ADDRESS (If outside, give location) <i>120 S. White</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <i>Jewett David Kite</i>				4. DATE OF DEATH Month Day Year <i>Aug-25-1958</i>				
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>July-9-1884</i>		9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. <i>74</i>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Conductor</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Railroad</i>		11. BIRTHPLACE (City and state or country) <i>Fleming, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Thomas O. Kite</i>			13b. MOTHER'S MAIDEN NAME <i>Annie Spiley</i>			14. NAME OF HUSBAND OR WIFE <i>Vesta Kite</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, (in name)) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>707-10-0096</i>		17. INFORMANT <i>Boy</i> Address <i>Richmond, Mo.</i> <i>Ms. Beulah Alder</i>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial Failure</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Myocardial Infarction 3 1/2 yrs</i> DUE TO (c) <i>Arterio-sclerotic Heart Dis. 2 yrs</i>							INTERVAL BETWEEN ONSET AND DEATH <i>Several</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>1st</i>							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.)					
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.)		20f. CITY, TOWN, OR LOCATION			COUNTY STATE	
21. I attended the deceased from <i>9-5-56</i> , to <i>8-25-58</i> and last saw him <i>live</i> on <i>8-19-58</i> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>Don Carlos Peete</i> (Degree omitted)				22b. ADDRESS <i>1500 Prof. Bldg</i>		22c. DATE SIGNED <i>8-26-58</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
<i>Burial</i>		<i>8-27-1958</i>	<i>Flood Hill Cemetery</i>		<i>Kansas City, Mo.</i>			
24. FUNERAL DIRECTOR <i>C. H. Blackman &amp; Son Inc.</i>				25. DATE RECD. BY LOCAL REG. <i>8-26-58</i>		26. REGISTRAR'S SIGNATURE <i>neva mitchell</i>		

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

2  
A

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 *W. C. Rivine* .....

Licensed Embalmer No. *4879* .....

P. O. Address *K.C., Mo.* .....

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.