

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-001375

STATE FILE NUMBER

46

FILED JAN 21 1959

Registration District No. 149

Primary Registration District No. 1001

Registration No.

300  
1-57

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 3728 EAST 10TH			Length of stay in lb 15 YRS.	d. STREET ADDRESS (If outside, give location) 3728 EAST 10TH			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIDDLE Last JOHN FRANKLIN KIDD				4. DATE OF DEATH Month Day Year JAN. 3, 1959			
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 JAN. 23, 1888		9. AGE (in years last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINE OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY RUPPERT CASTING	11. BIRTHPLACE (City and state or country) GREEN CITY MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME MATTHEW KIDD		13b. MOTHER'S MAIDEN NAME ADALIE DAVIS		14. NAME OF HUSBAND OR WIFE MARY E. KIDD			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W.W.I		16. SOCIAL SECURITY NO. 492-28-7304		17. INFORMANT MRS. MARY E. KIDD		Address 3728 EAST 10 K.C. 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) Myocardial infarction DUE TO (b) Sepsis generalized DUE TO (c) Metastatic Carcinoma PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						INTERVAL BETWEEN ONSET AND DEATH Immediate 2 weeks one year	
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 <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 Death occurred at Oct-58 to Jan 3, 59 and last saw her alive on Dec 20-1958 2:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Adalide K		(Degree or Title) Dr		22b. ADDRESS 5811 Truman Blvd K.C. Mo		22c. DATE SIGNED 1-5-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 1-5-1959	23c. NAME OF CEMETERY OR CREMATORY GREEN CITY, CEMET BY GREEN CITY, MISSOURI		23d. LOCATION (City, town, or county) (State)		
24. FUNERAL DIRECTOR C.H. FLACKMAN & SON INC.			ADDRESS K.C. MO.		25. DATE RECD. BY LOCAL REG. 1-5-59		26. REGISTRAR'S SIGNATURE Neva Marshall

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

H. La Hue

EXPIRES 12 31 1959

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. Benne* .....

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

P. O. Address *W.C. Benne* .....

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.