

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021696

STATE FILE NUMBER

FILED JUN 24 1959

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 2763

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Ohio b. COUNTY Cuyahoga	
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 Cleveland Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hosp.		Length of stay in lb 9 days	d. STREET ADDRESS (If outside, give location) 8348 8 8417 Sowinski Ave. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First William Middle Edward Last Sidebottom			4. DATE OF DEATH Month June Day 4 Year 1959		
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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 Dec. 6, 1895	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard, police	10b. KIND OF BUSINESS OR INDUSTRY Am. Steel & Wire	11. BIRTHPLACE (City and state or country) Rocky Mount, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Peter Sidebottom	13b. MOTHER'S MAIDEN NAME Rachel Tracy	14. NAME OF HUSBAND OR WIFE Mrs. Maude Sidebottom
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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. 488-16-0292	17. INFORMANT Address Mrs. Maude Sidebottom Cleveland, Ohio
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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		INTERVAL BETWEEN ONSET AND DEATH 10 days 5 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Thrombosis of anterior descending coronary artery DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour _____ 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 _____
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21. I attended the deceased from May 26, 1959 to June 4, 1959 and last saw ^{her} _{him} alive on June 4, 1959 Death occurred at 11:45 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E. L. Slentz, M.D.	22b. ADDRESS 4620 Nichols Pkwy, Kans. City, Mo.	22c. DATE SIGNED 6/5/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 6, 1959	23c. NAME OF CEMETERY OR CREMATORY Mound Grove Cemetery	23d. LOCATION (City, town, or county) (State) Independence, Missouri
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24. FUNERAL DIRECTOR ADDRESS Geo. C. Carson & Sons Indep., Mo.	25. DATE RECD. BY LOCAL REG. 6-5-59	26. REGISTRAR'S SIGNATURE New Minshall
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

ALL ENTRIES IN PART I MUST BE CAUSALLY RELATED.

Dr. E. L. SEITZ
4620 J.C. Nichols Dr.

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 *Dean W. Huff*

Licensed Embalmer No. *4916*
P. O. Address *Indy, 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.