

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011243

FILED VS APR 4 1960

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1617

ENDED

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits give TOWNSHIP only) <u>Kansas City</u>		Length of stay in 1b <u>2 days</u>	c. CITY OR TOWN <u>Kansas City</u>		Inside limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Childrens Mercy Hospital</u>			Inside limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside give location) <u>526 Blue Ridge</u>	
3. NAME OF DECEASED (Type or print) First <u>Janice</u> Middle <u>Sidebottom</u> Last <u>Sidebottom</u>			4. DATE OF DEATH Month <u>2</u> - Day <u>26</u> - Year <u>60</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-21-60</u>	9. AGE (last birthday) <u>2</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>5</u> Hours <u>5</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state of country) <u>Kansas City, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Raymond Sidebottom</u>		13b. MOTHER'S MAIDEN NAME <u>Janice Hibbon</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mr. Raymond Sidebottom</u> Address <u>526 Blue Ridge Kansas City, Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Prematurity</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
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.)			
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 <u>2-24-60</u> to <u>2-26-60</u> and last saw her <u>8:30</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at _____ and last saw him <u>2-26-60</u> live on _____					
22a. SIGNATURE <u>S. Remmer M.D.</u> (Degree or title)			22b. ADDRESS <u>1710 Indep Ave K.C. Mo</u>		22c. DATE SIGNED <u>2-26-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	23b. DATE <u>2-26-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Lukes Hosp.</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>		
24. FUNERAL DIRECTOR <u>St Lukes Hospital</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>3-18-60</u>	26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Penner

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.