

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027100

FILED VS. JUL 26 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar No. 3518

STATE FILE NUMBER

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|---|----------------------------------|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <i>Jackson</i> | | 2. USUAL RESIDENCE (Where deceased lived) If institution: Residence before admission) | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Kansas City</i> | | Length of stay in 1b <i>5 yr</i> | | c. CITY OR TOWN <i>Kansas City</i> | |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <i>General Hosp.</i> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <i>1627 Washington</i> | |
| 3. NAME OF DECEASED (Type or print) First <i>Inf</i> Middle <i>Male</i> Last <i>Riddle</i> | | | 4. DATE OF DEATH Month <i>5</i> Day <i>20</i> Year <i>60</i> | | |
| 5. SEX <i>male</i> | 6. COLOR OR RACE <i>white</i> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <i>5/20/60</i> | 9. AGE (last birthday) | IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i> |
| 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 or country) <i>K.C. Missouri</i> | |
| 13a. FATHER'S NAME <i>Donald Riddle</i> | | 13b. MOTHER'S MAIDEN NAME <i>Grace M. Cam</i> | | 14. NAME OF HUSBAND OR WIFE <i>Infant</i> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i> | | 16. SOCIAL SECURITY NO. <i>-</i> | | 17. INFORMANT <i>General Hosp Records</i> | |

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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) <i>Hydrocephalus</i> | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) | |
| | DUE TO (c) | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Maternal acute polyhydramnios</i> | | 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 | |
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| 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 <i>9:50am</i> Month, Day, Year <i>5/20/1960</i> | | |

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|---|--|--|---------------------|--------------------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>1245 pm</i> | 20f. CITY, TOWN, OR LOCATION <i>5/20/60</i> | COUNTY <i>MO</i> | STATE <i>MO</i> |
| 21. I attended the deceased from <i>5/20/1960</i> and last saw her/him alive on <i>5/20/1960</i> Death occurred at <i>1245 pm</i> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | |

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|--|----------------------------|--|---|--|
| 22a. SIGNATURE (Degree or title) <i>H.L. Dwyer M.D.</i> | | 22b. ADDRESS <i>2400 Perry City</i> | | 22c. DATE SIGNED <i>5-27-60</i> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | 23b. DATE <i>7-8-60</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>Linds</i> | | 23d. LOCATION (City, town, or county) (State) <i>Kansas City MO</i> |
| 24. GENERAL DIRECTOR <i>Wm A. Schuyler</i> | | ADDRESS <i>KC MO</i> | 25. DATE RECD. BY LOCAL REG. <i>7-6-60</i> | 26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i> |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF H.L. DWYER

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 Not Embalmed, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Am A. Schuyler

Licensed Embalmer No. 308

P. O. Address AC 7

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.