

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046190

FILED VS DEC 3 0 1960

6240 STATE FILE NUMBER

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

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JACKSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 62 yrs.	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 417 WEST 62ND TERRACE			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 417 WEST 62ND TERR.	
3. NAME OF DECEASED (Type or print) First Harold Middle Ray Last Lyddon Sr.			4. DATE OF DEATH Month DECEMBER Day 9 Year 1960		
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 1/18/86	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY INSURANCE	11. BIRTHPLACE (City and state or country) WICHITA, KANSAS		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME GEORGE D. LYDDON		13b. MOTHER'S MAIDEN NAME MARTHA COIT MAJORS		14. NAME OF HUSBAND OR WIFE CORNELIA E. LYDDON	
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. 486-07-8692		17. INFORMANT DR. H.R. LYDDON, JR. KANSAS CITY, MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Coronary Occlusion					Acute
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) Coronary Sclerosis					5 years
DUE TO (c) Pericardial Occlusion					9 months
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 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 3-1-1960 to 12-9-1960 and last saw him alive on 9-14-1960 Death occurred at 12:10 AM m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>M. Ketcham MD.</i> (Degree or title)			22b. ADDRESS KC Mo		22c. DATE SIGNED 12/14/60
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 12-13-60	23c. NAME OF CEMETERY OR CREMATORY Mt. Washington		23d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS KANSAS CITY, MO.			25. DATE RECD. BY LOCAL REG. 12-12-60	26. REGISTRAR'S SIGNATURE <i>H. L. Dwyer</i>	

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF M. Ketcham

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 Vern Lawler

Licensed Embalmer No. 4912

P. O. Address K.C.

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.