

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008909

AMENDED

Registration District No. 148 Primary Registration District No. 1002 Registrar's No. 1464 STATE FILE NUMBER

FILED APR 10 1961

1. PLACE OF DEATH
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in 1b 20 years
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JACKSON COUNTY HOME Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE MISSOURI b. COUNTY JACKSON
 c. CITY OR TOWN KANSAS CITY Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 5809 WABASH AVENUE Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Ida Middle elle Last Rite
 4. DATE OF DEATH Month March Day 21 Year 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 12-31-1890 9. AGE (last birthday) 71 70 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME 10b. KIND OF BUSINESS OR INDUSTRY --- 11. BIRTHPLACE (City and state or territory) Fort Worth, Texas 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME SAM SPRUIELL 13b. MOTHER'S MAIDEN NAME EMILY TAYLOR 14. NAME OF HUSBAND/WIFE FOREST ELMER KITE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. none 17. INFORMANT MRS. TERESA UNTERREINER K. C. MO. Address 5809 WABASH AVE.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Cardiac arrest
 DUE TO (b) Arteriosclerotic Heart Disease
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 May 18, 1960 to 3-21-1961 and last saw her/him alive on 3-21-1961
 Death occurred at 10:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree, or title) Charles C. Kendall MD 22b. ADDRESS 10901 Winner Rd Independence 22c. DATE SIGNED 3-21-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE MAR. 23, 61 23c. NAME OF CEMETERY OR CREMATORY GREEN LAWN CEMETERY 23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI

24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS ADDRESS 1331 BRUSH CREEK KANSAS CITY 25. DATE RECD. BY LOCAL REG. 3-22-61 26. REGISTRAR'S SIGNATURE Aruth Long

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF Charles A. Kendall MEDICAL CERTIFICATION

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 Marvin D. Preston

Licensed Embalmer No. 5040

P. O. Address K. C. 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.