

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009667

STATE FILE NUMBER

AMENDED FILED APR 3 1961 Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 18

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <i>Linn</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Linn</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Marceline</i>		Length of stay in lb <i>8 Mo.</i>	c. CITY OR TOWN <i>Brookfield</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Flourace Rest Home</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>609 No. Leabwell.</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Cora E. Mc Kiddy</i>			4. DATE OF DEATH Month Day Year <i>Mar 29 1961</i>
5. SEX <i>F</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>Oct. 23 1877</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Beauty Operator</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Beauty Operator</i>	9. AGE (last birthday) <i>86</i> IF UNDER 1 YEAR Months <i>5</i> Days <i>6</i> IF UNDER 24 HR Hours Min.
11. BIRTHPLACE (City and state or country) <i>Illinois</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>John Lewis</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	14. NAME OF HUSBAND OR WIFE <i>Harold E. Mc Kiddy</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Mrs. A. L. Staples</i> Address
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>Lobar pneumonia</i> DUE TO (b) <i>cerebral vascular accident</i> DUE TO (c) <i>arteriosclerosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <i>4da.</i> <i>10 da.</i> <i>indef.</i>
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 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 a.m. p.m. Month, Day, Year			
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 <i>Sept. 1959</i> to <i>Mar. 29, 1961</i> and last saw her alive on <i>Mar. 29th, 1961</i> Death occurred at <i>9:45 A.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>John (H. Lewis)</i>		22b. ADDRESS <i>D.O. 124 W. Ritchie, Marceline, Mo.</i>	22c. DATE SIGNED <i>3/30/61</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Mar 31 1961</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Rose Hill Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Brookfield Mo.</i>
24. FUNERAL DIRECTOR <i>H. Mrs Bowden</i> ADDRESS <i>Brookfield Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>3-30-61</i>	26. REGISTRAR'S SIGNATURE <i>Baronie Owens</i>

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 Gerald J. Wade

Licensed Embalmer No. 4172

P. O. Address Brownie

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.