

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

6607-61-044815
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1062 Registrar's No. _____

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

| | | | |
|---|---|---|---|
| 1. PLACE OF BIRTH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City | | Length of stay in 1b 11 Years | c. CITY OR TOWN Kansas City |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Haven Manor Nursing Home | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 3813 Mercier |
| 3. NAME OF DECEASED (Type or print) First ADDA Middle M. Last KIDD | | | 4. DATE OF DEATH Month Dec. Day 31 Year 1961 |
| 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 1-20-1864 |
| 9. AGE (last birthday) 97 | | 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 country) Dayton, Ohio |
| 12. CITIZEN OF WHAT COUNTRY U S A | | 13a. FATHER'S NAME Thomas P Meredith | 13b. MOTHER'S MAIDEN NAME Mary F Hawthorn |
| 14. NAME OF HUSBAND OR WIFE Charles W Kidd | | 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. ----- |
| 17. INFORMANT Mrs. Earl C Waldsmith | | Address 4917 Wornall Rd. Kansas City, Mo | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic pneumonia DUE TO (b) Congestive heart failure. and DUE TO (c) Carboid accident, vascular | | | INTERVAL BETWEEN ONSET AND DEATH 24 hrs. 3 days. |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 Feb. 28 '61 to Dec 31 '61 and last saw her ^{him} alive on Dec. 30, 1961 Death occurred at 3:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Evelyn Winkelman M.D. | | 22b. ADDRESS 7449 Pasadena | 22c. DATE SIGNED 1-2 '62 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) cremation | 23b. DATE 1-2-1962 | 23c. NAME OF CEMETERY OR CREMATORY Elmwood Crematory | 23d. LOCATION (City, town, or county) (State) Kansas City Missouri |
| 24. FUNERAL DIRECTOR Freeman Mortuary | 104 ADDRESS W 42nd St Kansas City, Mo | 25. DATE RECD. BY LOCAL REG. 1-2-62 | 26. REGISTRAR'S SIGNATURE Ruth Long |

BY AFFIDAVIT OF
Evelyn Winkelman
MEDICAL CERTIFICATION

UNITIC 10300 TRUST.

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 Ralph O. Gull

Licensed Embalmer No. 5004

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.