

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011112

1265 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1265

FILED MAR 26 1962

VS 300
Rev. 4/59

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2 3878
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY Length of stay in lb OR TOWN 56 YEARS
c. FULL NAME OF DECEASED (If in hospital, give location) HOSPITAL OR INSTITUTION 6109 CHARLOTTE STREET 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) 6109 CHARLOTTE STREET Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last HERBERT HICKMAN KITE
4. DATE OF DEATH Month Day Year MARCH 1st 1962

5. SEX MALE 6. COLOR OR RACE CAUCASIAN 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH 11-22-83 9. AGE (last birthday) 78 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) POSTAL TRANSPORT 10b. KIND OF BUSINESS OR INDUSTRY U.S. POSTOFFICE 11. BIRTHPLACE (City and state and country) ROMEO TENNESSEE 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME BERT. M. KITE 13b. MOTHER'S MAIDEN NAME CORNELIA SMITH 14. NAME of Husband or WIFE PHYLLIS KITE

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. NONE 17. INFORMANT DR. PHILIP KAUL Address SUITE 224 4320 WORNALL RD. K.C.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary occlusion
DUE TO (b) Arteriosclerotic Heart Disease ?7 years.
DUE TO (c) General Arteriosclerosis. 8 Yrs.
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 Month, Day, Year a.m. p.m.

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 July 1955 to 1 March 1962 and last saw her alive on 1 March 1962 Death occurred at 11.35 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Philip G. Kaul M.D. 22b. ADDRESS 711 Nichols Rd. 22c. DATE SIGNED 3-2-1962

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 3-5-62 23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY KANSAS CITY MISSOURI 23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR D.W. Newcomer's Sons Kansas City Mo 25. DATE RECD. BY LOCAL REG. 3-3-62 26. REGISTRAR'S SIGNATURE Ruth Long

USE BLACK INK OR TYPEWRITER RIBBON

DR. Philip H. Hall, M.D.
4320 Wornall Rd. (Berling St. Annex Hosp) Suite 224
Friday, November 12, 3 0 - 5:00

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 Wern Lawler

Licensed Embalmer No. 4915

P. O. Address KG 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.