

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023597

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 150 Primary Registration District No. 5574 Registrar's No. 59

FILED JUN 26 1962

VS 300 Rev. 4/59

17000
27000

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 **LEE'S SUMMIT** Length of stay in 1b **20 YEARS**

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **LAKE LOTAWANA** Inside Limits Yes No

c. CITY OR TOWN **LEE'S SUMMIT** Inside Limits Yes No

d. STREET ADDRESS **18-1** (If outside, give location) **LAKE LOTAWANA** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
Stella MARTIN McKiddy

4. DATE OF DEATH Month Day Year
JUNE 8 1962

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH **2/5/79** 9. AGE (last birthday) **83** IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

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) **LOUISIANA, MO.** 12. CITIZEN OF WHAT COUNTRY **U. S. A.**

13a. FATHER'S NAME **JOHN W. MARTIN** 13b. MOTHER'S MAIDEN NAME **IDA KINNEY** 14. NAME OF HUSBAND OR WIFE **THOMAS MCKIDDY**

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 **MRS. LOU HOLLAND** Address **LAKE LOTAWANA LEE'S SUMMIT, 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) **sepsis** INTERVAL BETWEEN ONSET AND DEATH **10 da**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Staphylococcus Pneumonia** **3 mo**

DUE TO (c) **Chronic Myocarditis** **1 yr**

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 **4-12-62** to **6-8-62** and last saw her alive on **6-6-62**. Death occurred at **Laurel Lakes Retirement Home** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **[Signature]** 22b. ADDRESS **Laurel Lakes Retirement Home** 22c. DATE SIGNED **6-8-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **JUNE 11, '62** 23c. NAME OF CEMETERY OR CREMATOR **FLORAL HILLS CEMETERY** 23d. LOCATION (City, town, or county) **KANSAS CITY MISSOURI**

24. FUNERAL DIRECTOR **D.W. NEWCOMER'S SONS** ADDRESS **1331 BRUSH CR. KANSAS CITY, MO.** 25. DATE REGD. BY LOCAL REG. **6/10/62** 26. REGISTRAR'S SIGNATURE **[Signature]**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

FEB 25 1963

MAY 8 1963

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 Dean W. Huff

Licensed Embalmer No. 4914

P. O. Address Indep, 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.