

FILED FEB 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1211
170
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH 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, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 4 MONTHS	
d. FULL NAME OF HOSPITAL OR INSTITUTION LAKESIDE HOSPITAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY "Rural"	
		d. STREET ADDRESS (If rural, give location) 9106 EAST-66TH STREET 1	

3. NAME OF DECEASED (Type or Print) a. (First) BERNICE b. (Middle) OLIVE c. (Last) D. CRIDLING			4. DATE OF DEATH (Month) (Day) (Year) JAN-14-1949		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH JAN-29-1887		9. AGE (In years last birthday) 61 YRS.		10. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME DOWNS		13b. MOTHER'S MAIDEN NAME Mary Della Reid		14. NAME OF HUSBAND OR WIFE HOMER CRIDLING	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS VANCE E. CRIDLING 9106 EAST-66TH ST KANSAS CITY, Mo	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) RHEUMATIC HEART DISEASE ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CHRONIC MYOCARDITIS DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 415				INTERVAL BETWEEN ONSET AND DEATH 10 YEARS 10 years	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from SEPT. 20TH, 1948, to JAN. 14, 1949, that I last saw the deceased alive on Jan. 14, 1949, and that death occurred at 10:15A m., from the causes and on the date stated above.

23a. SIGNATURE Joseph D. Fogarty DO		23b. ADDRESS 402 WIRTHMAN BLDG. KANSAS CITY, Mo.		23c. DATE SIGNED JAN. 14 1949	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN. 14 1949		24c. NAME OF CEMETERY OR CREMATORY ALTA VISTA CEMETERY		24d. LOCATION (City, town, or county) (State) WEATHERBY, MISSOURI	
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DATE REC'D BY LOCAL REG. 1-14-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS W. W. Newcomer's Sons 1401 BRUSH CREEK BLVD KANSAS CITY, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5161 4230000
FEB 23 1950

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.

Signed.....

Edward M. Stacey

Signed.....

Student Embalmer

Licensed Embalmer No. *4452*

P. O. Address *K.C. 4 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 this body is not embalmed, fact should be so stated above.