

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-025598

FILED VS JUL 6 1960

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 133

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)			
a. COUNTY <u>Vernon</u>		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington Township</u>		a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>		c. CITY OR TOWN <u>Kansas City</u>	
Length of stay in 1b <u>1 yr, 24 da.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>3714 Monroe</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Hosp # 3</u>				d. STREET ADDRESS (If outside, give location)			
3. NAME OF DECEASED (Type or print) First <u>Harry</u> Middle <u>L.</u> Last <u>Sides</u>				4. DATE OF DEATH Month <u>6</u> Day <u>26</u> Year <u>60</u>			
5. SEX <u>m</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 1, 1891</u>	9. AGE (last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Drug Packer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and state or country) <u>Cape Girardeau, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Robert Sides</u>			13b. MOTHER'S MAIDEN NAME <u>Lancy Jane Cantrell</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Sides</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-16-4926</u>		17. INFORMANT Address <u>Hosp Records, St. Hosp # 3</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Broncho Pneumonia</u>						<u>5 day</u>	
DUE TO (b) <u>Hip Fracture</u>						<u>3 months</u>	
DUE TO (c) <u>Generalized Art. Sclerosis</u>						<u>years</u>	
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 <u></u> s.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>							
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 <u>June 2, 1959</u> to <u>June 26, 1960</u> and last saw <u>him</u> alive on <u>June 26, 1960</u> . Death occurred at <u>12: Noon</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Ink, degree or title) <u>George Ecker M.D.</u>				22b. ADDRESS <u>State Hospital # 3</u>		22c. DATE SIGNED <u>6/26/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>6/26/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills</u>		23d. LOCATION (City, town, or county) <u>Kansas City, Mo.</u>		
24. FUNERAL DIRECTOR <u>Melody-MCGilley-Eylar, Kc. Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>7-2-1960</u>		26. REGISTRAR'S SIGNATURE <u>Anna E Jerry</u>		

DOCUMENT

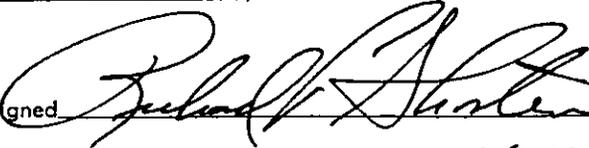
MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed  \_\_\_\_\_

Licensed Embalmer No. 453

P. O. Address Quincy

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.