

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-039203
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 3013 Primary Registration District No. 212 Registrar's No. 212

FILED OCT 2 1965

VS 300
Rev. 4/59

1 6004

2 6003

3

4 2

5 1

6

7 0

8 1

9 201

10

11

12 6-0

13 4-1

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>North Kansas City</u>		Length of stay in 1b <u>1 day</u>		c. CITY OR TOWN <u>Liberty</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>NKC Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>343 N. Gallatin</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Thomas</u> Middle <u>Henry</u> Last <u>Kidd</u>			4. DATE OF DEATH Month <u>October</u> Day <u>12</u> Year <u>1965</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>Negro</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>8-16-1899</u>		9. AGE (last birthday) <u>66</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>movie theatre</u>		11. BIRTHPLACE (City and state or country) <u>Platte County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Thomas Kidd</u>		13b. MOTHER'S MAIDEN NAME <u>Lizzie Johnson</u>	
14. NAME OF HUSBAND OR WIFE <u>Opal C. Kidd</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>500-07-7715</u>		17. INFORMANT Address <u>Opal Kidd Liberty, Missouri</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary arteriosclerosis</u> DUE TO (c) <u> </u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Coronary occlusion & infarction - 1963</u>					INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u> <u>3 yrs</u>
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 checked="" 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> a.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>July 1963</u> to <u>12 Oct 65</u> and last saw ^{her} him alive on <u>11 Oct 65</u> Death occurred at <u>11:00 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>[Signature]</u> (Dagreed or title)			22b. ADDRESS <u>Liberty, Mo.</u>		22c. DATE SIGNED <u>14 Oct 65</u>
23b. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		23b. DATE <u>10-15-65</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Liberty, Missouri</u>		23e. (State) <u>Missouri</u>			
24. FUNERAL DIRECTOR ADDRESS <u>Pasley Funeral Home Liberty, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>10/15/65</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

*Permit # 1950-
Newark*

17-0-11

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 *John Parley*

Licensed Embalmer No. *4308*

P. O. Address *Liberty, MD*

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.