

FILED FEB 4 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2445

STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Ray</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rayville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Rayville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Street not listed</u>		Length of stay in lb <u>15 years</u>		d. STREET ADDRESS <u>Street not listed</u>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>SARAH</u> Middle <u>JANE</u> Last <u>KIDWELL</u>			4. DATE OF DEATH Month <u>January</u> Day <u>3</u> Year <u>1958</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</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>May 3, 1880</u>		9. AGE (In years last birthday) <u>77</u> IF UNDER 1 YEAR IF UNDER 24 HRS. Month <u>8</u> Days <u>0</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>		11. BIRTHPLACE (City and state or country) <u>Carthage, Missouri, U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u></u>	
13. FATHER'S NAME <u>George Stark</u>			14. MOTHER'S MARRIAGE NAME <u>Mary Daniels</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>		16. SOCIAL SECURITY NO. <u>same</u>		17. INFORMANT <u>John B. Kidwell, Rayville, Mo.</u> Address <u>4222</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>Pulmonary Edema</u> INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Hypostatic Pneumonia</u> <u>2 days</u> DUE TO (c) <u>Chronic Myocarditis</u> <u>5 yrs</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u></u>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>	
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.) <u>4222</u>					
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <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.) <u></u>		20f. CITY, TOWN, OR LOCATION <u>Rayville</u>		COUNTY <u>Ray</u> STATE <u>Missouri</u>	
21. I attended the deceased from <u>1948</u> , to <u>Jan 3-1958</u> and last saw <u>her</u> alive on <u>Jan 2, 1958</u> . Death occurred at <u>1:05 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Detw. E. Buchner MD</u>				22b. ADDRESS <u>Lawson Missouri</u>		22c. DATE SIGNED <u>1-6-58</u>	
23a. BURIAL, CREMATION, REINTERMENT (Specify) <u>Burial</u>		23b. DATE <u>Jan 6, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Swainy Slope</u>		23d. LOCATION (City, town, or county) (State) <u>Rayville Missouri</u>		
24. FUNERAL DIRECTOR <u>Richard E. Alexander, Missouri</u> ADDRESS <u>2043 S. W. Hancock, Kansas City, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>1-25-1958</u>		26. REGISTRAR'S SIGNATURE <u>Madul Jackson</u>	

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 *George H. Cole*.....
Licensed Embalmer No. *4516*..

P. O. Address *Lebanon, Mo.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.