

FILED JAN 31 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2225

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>4427</u>		Registrar's No. <u>18</u>			
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u>		c. LENGTH OF STAY (In this place) <u>10 hrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Waynesville Gen. Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>Rt. 2 Rolla, Mo.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>SHERMAN</u> c. (Last) <u>KIDWELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 16, 1949</u>						
5. SEX <u>M.</u>	6. COLOR OR RACE <u>Wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Dec. 10, 1907</u>	9. AGE (In years last birthday) <u>41</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>6</u>	IF UNDER 6 HRS. Hours <u></u> Mins. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Well Driller</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Edgar Springs, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Levi Kidwell</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Bullinger</u>		14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>512-03-2557</u>		17. INFORMANT'S SIGNATURE OR NAME <u>George Kidwell</u>		ADDRESS <u>Rt. 2-Rolla</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Pneumococcus Pneumonia</u> <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumococcus Pneumonia</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive Heart</u> DUE TO (c) <u>Myocardial Failure</u> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) <u>Rolla Phelps Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>1-12-49</u> , to <u>1-16-49</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1-16-49</u> , 19 <u>49</u> , and that death occurred at <u>10:15 P.M.</u> from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>H.H. Davis M.D.</u>				23b. ADDRESS <u>Ramsey Bldg. Rolla, Mo.</u>		23c. DATE SIGNED <u>1-17-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-18-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rolla Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rolla, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>1-25-49</u>		REGISTRAR'S SIGNATURE <u>Shelma C. Buchhorn</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Null</u>		ADDRESS <u>Rolla, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

67617 021

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 _____

Paul E. Null

Signed _____
Student Embalmer

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.