

FILED APR 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

9718

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 4352 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <b>Morgan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Morgan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Versailles</b>		c. LENGTH OF STAY (in this place) <b>Lifetime</b>	
c. CITY (If outside corporate limits, write RURAL and give township) <b>Versailles</b>		d. STREET ADDRESS (If rural, give location) <b>Mo. Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Ave.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>ALBERT</b> b. (Middle) <b>DAVID</b> c. (Last) <b>KIDWELL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 26, 1950</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 2, 1899</b>
9. AGE (In years last birthday) <b>50</b>	IF UNDER 1 YEAR (Month) (Day) <b>9 24</b>	IF UNDER 24 HRS. (Hour) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mfg.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Brackets</b>	11. BIRTHPLACE (State or foreign country) <b>Morgan Co., Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Josh Kidwell</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth O'Bryan</b>	14. NAME OF HUSBAND OR WIFE <b>Betty Scott Kidwell</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>W. W. 1 498-22-9147</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Betty Kidwell, Versailles, Mo.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction, multiple</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b>		<b>15 years</b>	
DUE TO (c) <b>and Arteriosclerosis</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4201</b>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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>July</u> , 19 <u>49</u> , to <u>March</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Mar. 26</u> , 19 <u>50</u> , and that death occurred at <u>10:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Ruth Kauffman, M.D.</b>		23b. ADDRESS <b>Versailles, Mo.</b>	23c. DATE SIGNED <b>3-28-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Mar. 29-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Versailles Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Versailles, Mo.</b>
DATE REC'D BY LOCAL REG. <b>Mar. 31-1950</b>	REGISTRAR'S SIGNATURE <b>J. L. Washburn</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. F. Kidwell</b>	ADDRESS <b>Versailles, Mo.</b>

V.O.K.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
District Health Officer No. 7;  
District File Number 3-50-326  
Date Filed 4-3-50

APR 8 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 \_\_\_\_\_  
Student Embalmer

Signed Raymond P. Linder

Licensed Embalmer No. 4626

P. O. Address Versailles, 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.