

No. 300
10. 48

SEP 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29875

State File No. _____

300

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 5352 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Dallas</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u> d. STREET ADDRESS (If rural, give location) <u>Plad. MO.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		c. LENGTH OF STAY (in this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		e. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ulysses</u> b. (Middle) <u>Theodore</u> c. (Last) <u>Kidwell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-25-1950</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>MAY 27 - 1872</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Joshyo Kidwell</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE _____
--	--	-----------------------------------

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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Delmer Medley</u> ADDRESS <u>Plad MO.</u>
--	-------------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Alcohol Intoxication</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u> <u>1 yr</u> <u>331X</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION Antecedent Causes: <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Alcohol Intoxication</u> DUE TO (c) <u>Antidetonite</u>	

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) (m.) _____	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 Aug 24, 1950, to Aug 25, 1950, that I last saw the deceased alive on Aug 24, 1950, and that death occurred at 8:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. G. Blaine M.D.</u>	23b. ADDRESS <u>Thiboda, MO.</u>	23c. DATE SIGNED <u>8/25/50</u>
---	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-27-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Plad</u>	24d. LOCATION (City, town, or county) (State) <u>Dallas Co. MO.</u>
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. <u>9/9/50</u>	REGISTRAR'S SIGNATURE <u>Paul J. B. Jones</u>	25. FUNERAL/DIRECTOR'S SIGNATURE <u>Montgomery Vaughan</u> ADDRESS <u>Buffalo MO</u>
--	---	--

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED SFP 11 1950

Dist. File _____

Date Filed _____

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
Student Embalmer

Signed *Clyde Montgomery* _____

Licensed Embalmer No. *3892* _____

P. O. Address *Buffalo, N.Y.* _____

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.