

FILED NOV 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39524

BIRTH NO. _____ REG. DIST. NO. 3751 PRIMARY REG. DIST. NO. 6099 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <i>Schuyler</i>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Schuyler</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural - East Prairie</i>		c. LENGTH OF STAY (in this place) <i>3 1/2 yrs</i>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural - East Prairie</i>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) <i>MALVERN MERRITT SIDWELL</i>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <i>NOV. 18-1950</i>
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5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never married</i>	8. DATE OF BIRTH <i>June 8-1916</i>	9. AGE (In years last birthday) <i>34</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 10 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <i>Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
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13a. FATHER'S NAME <i>Laverne Sidwell</i>	13b. MOTHER'S MAIDEN NAME <i>Myrtle S. Scunlock</i>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <i>LAVERNE SIDWELL - Queen City, Mo.</i>	ADDRESS _____
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18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Self-inflicted Gun Shot</i> <i>bullet also</i> ANTECEDENT CAUSES <i>Wound</i>		
	Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>E976X</i>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Suicide</i>	21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <i>home</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>East Prairie Township, Schuyler, Mo.</i>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Nov. 18-1950 10 A.M.</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR _____
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Jacob Obermair, Judge, Mo.</i>	23b. ADDRESS <i>Laureaster, Mo.</i>	23c. DATE SIGNED <i>11-19-50</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>11-21-50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Bethel Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Schuyler, Mo.</i>
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DATE REC'D BY LOCAL REG. <i>Nov. 21-50</i>	REGISTRAR'S SIGNATURE <i>Mrs. R. S. Drake</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Wm. A. West</i>	ADDRESS <i>Queen City Mo.</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

980
1

JAN 6 1951

NOV 28 1950

Date Received:

DISTRICT HEALTH OFFICE #2

District File Number 11-50-2016

Date Filed: NOV 29 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.

Student
Student Embalmer

Signed Wm N West _____

Licensed Embalmer No. 2882 _____

P. O. Address 2111 City ME _____

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.