

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

FILED JUN 1 1951

State File No. **19142**

No. 500  
10-48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 84

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Scott</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bertrand</u> <u>0670</u>                                   |  |
| c. LENGTH OF STAY (In this place) <u>7d, 15hr.</u>   |  | d. STREET ADDRESS (If rural, give location) <u>1</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Delta Comm. Hospital</u>                      |  |  |  |

|  |                                  |  |   |   |   |   |
|--|----------------------------------|--|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Lewis</u> b. (Middle) _____ c. (Last) <u>Tidwell</u>    |                                  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>5-18-51</u> |   |   |   |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u> | 8. DATE OF BIRTH<br><u>12-7-1904</u>                    | 9. AGE (In years last birthday)<br><u>46</u>                | IF UNDER 1 YEAR<br>Months <u>5</u> Days <u>11</u> | IF UNDER 2 HRS.<br>Hours _____ Min. _____   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Share Crops</u>                  |   | 11. BIRTHPLACE (State or foreign country)<br><u>Alabama</u> |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.</u> |

|  |   |   |
|--|---|---|
| 13a. FATHER'S NAME<br><u>William Tidwell</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Mary Widmon</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Mamie Tidwell</u> |
|--|---|---|

|  |                               |   |                            |
|--|-------------------------------|---|----------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><u>no</u> | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Mamie Tidwell, Bertrand, Missouri</u> | ADDRESS<br><u>Missouri</u> |
|--|-------------------------------|---|----------------------------|

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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><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<br><u>1 week</u> |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u>  |  | ?   |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Hypertensive Cardiovascular disease</u><br>DUE TO (c) _____ |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |  |   |

|                              |   |   |
|------------------------------|---|---|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION<br><u>443X</u> | 20. AUTOPSY?<br>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 5/11, 1951, to 5-18, 1951, that I last saw the deceased alive on 5-18, 1951, and that death occurred at 5:40 P.m., from the causes and on the date stated above.

|  |   |   |
|--|---|---|
| 23a. SIGNATURE (Degree or title)<br><u>Wm. C. Citchlow</u> | 23b. ADDRESS<br><u>Sikeston, Missouri</u> | 23c. DATE SIGNED<br><u>May 23, 1951</u> |
|--|---|---|

|   |                             |   |   |
|---|-----------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u> | 24b. DATE<br><u>5/20/51</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Tidwell Chapel</u> | 24d. LOCATION (City, town, or county) (State)<br><u>Rt #1 Edridge Ala</u> |
|---|-----------------------------|---|---|

|   |  |   |                               |
|---|--|---|-------------------------------|
| DATE REC'D BY LOCAL REG<br><u>May 23 - 51</u> | REGISTRAR'S SIGNATURE<br><u>Mrs. Olla Hunter</u> | FUNERAL DIRECTOR'S SIGNATURE<br><u>Mary Jones</u> | ADDRESS<br><u>Sikeston Mo</u> |
|---|--|---|-------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 28  
SCOTT COUNTY HEALTH  
CO. FILE NO. 551

**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 Robert Chilton.....

Licensed Embalmer No. 2941.....

P. O. Address Jefferson Ave.....

**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.