

FILED JUL 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20697

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 179

1. PLACE OF DEATH a. COUNTY <u>BOONE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CEDAR</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>COLUMBIA</u>		c. LENGTH OF STAY (in this place) <u>1 DAY</u>	c. CITY OR TOWN <u>CAPLINGER MILLS</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WILLIS FISCHER ST. CANCER HOSP</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLARD</u> b. (Middle) <u>JAMES</u> c. (Last) <u>TIDGELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-7-1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, SINGLE, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>12-4-97</u>
9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>3</u> Hours <u>-</u> Min. <u>-</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM HAND</u>	10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (City and State or Foreign Country) <u>CAPLINGER MILLS, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES TIDGELL</u>		13b. MOTHER'S MAIDEN NAME <u>LOVELLA THOMPSON</u>	
14. NAME OF HUSBAND OR WIFE <u>NONE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>HOSPITAL RECORDS</u> ADDRESS _____	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute peritonitis</u> ANTECEDENT CAUSES DUE TO (b) <u>Perforation of cecum</u> DUE TO (c) <u>Carcinoma of sigmoid colon with obstruction</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>		Interval between onset and death <u>12 hrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>153X</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		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>7-6</u> , 19 <u>53</u> , to <u>7-7</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>7-7</u> , 19 <u>53</u> , and that death occurred at <u>8:05 A.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Richard E. Johnson, M.D.</u>		23b. ADDRESS <u>Columbia, Mo.</u>	
23c. DATE SIGNED <u>7-7-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>July 7, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY _____	
24d. LOCATION (City, town, or county) (State) <u>Stockton Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. R. E. Palmer</u> ADDRESS <u>31-0 Parber Funeral Service Columbia Mo</u>	
DATE REC'D BY LOCAL REG. <u>July 7 1953</u>		REGISTRAR'S SIGNATURE _____	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed.....
J. W. Phillips

Licensed Embalmer No. 48

P. O. Address.....
Colum

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.