

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37101**

FILED DEC 6 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1095

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

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Green</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b> c. LENGTH OF STAY (In this place) <b>D.O.A.</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hos.</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. <b>Illinois</b> b. COUNTY <b>Cook</b> c. CITY OR TOWN <b>Oak Park</b> d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <b>414 Scoville</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Fred</b> b. (Middle) <b>B.</b> c. (Last) <b>Tidd</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Nov. 30, 1954</b>	
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>March 29, 1893</b>
<b>9. AGE</b> (In years last birthday) <b>61</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Illinois</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Unknown</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Unknown</b>	
<b>11. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>	
<b>13a. FATHER'S NAME</b> <b>David Wallace Tidd</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Anna Bennett</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> <b>Anna</b>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unknown</b>	
<b>16. SOCIAL SECURITY NO.</b> <b>Unknown</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Anna Tidd, Scoville, 414, Oak Park, Ill</b>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Fct. Skull</b> ANTECEDENT CAUSES <b>Crushed Chest</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>E 223 4 32</b>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <b>Accident.</b>	
<b>21b. PLACE OF INJURY</b> (CITY, TOWN, OR TOWNSHIP) <b>Highlandville</b> (COUNTY) <b>Christian Co. Mo.</b> (STATE)		<b>21c. HOW DID INJURY OCCUR?</b> <b>Off at curve</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <b>11-30-'54 8.45P</b>		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>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 _____, _____, from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Name or title) <b>Dr. E. Allen Vickers, Coroner</b>		<b>23b. ADDRESS</b> <b>Springfield, Mo.</b>	
<b>23c. DATE SIGNED</b> <b>12-1-54</b>		<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	
<b>24b. DATE</b> <b>12/1/54</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Mt. Carmel</b>	
<b>24d. LOCATION</b> (City, town, or county) (State) <b>Cook County, Illinois</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>T. B. Chaffin</b> <b>Ozark, Mo.</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>12-1-54</b>		<b>REGISTRAR'S SIGNATURE</b> <b>W. J. Williams</b>	

DEC 6 1958

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 *T. B. Chaffin*

..., Licensed Embalmer No. *219*

P. O. Address *Ozark*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.