

FILED MAY 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17392

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>3072</u>		Registrar's No. <u>54</u>		
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If less than 1 year, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Saline</u>				
b. CITY OR TOWN <u>Marshall</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>		c. CITY OR TOWN <u>Slater</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>09'10</u>		
d. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <u>Fitzgibbon Hayes</u>				e. STREET ADDRESS (If rural, give location) <u>336 Natl. Main Hwy</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eli</u> b. (Middle) _____ c. (Last) <u>KIDWELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May-19-55</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct-7-1878</u>		
9. AGE (In years last birthday) <u>76-7-11</u>		10. UNDER 1 YEAR (Months) (Days) _____		11. UNDER 24 HRS. (Hours) (Min.) _____		9. AGE (In years last birthday) <u>76-7-11</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <u>Retired Rail Road Conductor</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Victoria, Ontario, Canada</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>David Kidwell</u>			13b. MOTHER'S MAIDEN NAME <u>Lara Elizabeth Aher</u>			13c. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or other) <u>No</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>709-12-0198</u>		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Mrs. Madell Kerison</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, ashenia, etc. It means the disease, injury, or complication which caused death.								
MEDICAL CERTIFICATION								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>				?				
DUE TO (c) <u>Arteriosclerosis</u>				9				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
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) <u>331X</u>				
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>Feb 18, 1955</u> to <u>May 19, 1955</u> , that I last saw the deceased alive on <u>May 19, 1955</u> , and that death occurred at <u>11:00 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>V. A. McBurney, Jr.</u> (Degree or title)				23b. ADDRESS <u>Slater, Mo</u>		23c. DATE SIGNED <u>5/20/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-21-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Slater Mo</u>		
DATE REC'D BY LOCAL REG. <u>5-21-55</u>		REGISTRAR'S SIGNATURE <u>Carl A. Neal, Deputy</u>		385- _____		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. J. Jones</u> ADDRESS <u>Slater, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

0.48

12
0

JUL 24 1950

MAY 25 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
Signature of Student Embalmer

Signed *James E. Jones*
Licensed Embalmer No.
P. O. Address *State*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.