

FILED OCT 3-1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28964

BIRTH NO. _____ REG. DIST. NO. 28 PRIMARY REG. DIST. NO. 3006 Registrar's No. 250

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>CASS</u>	
b. CITY OR TOWN <u>COLUMBIA</u>	c. LENGTH OF STAY (in this place) <u>9 DAYS</u>	c. CITY OR TOWN <u>PECULIAR</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ELLIS FISCHEL CANGER HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>ROUTE #1</u> 01451	

3. NAME OF DECEASED (Type or Print) a. (First) <u>WALTER</u> b. (Middle) <u>FREDRICK</u> c. (Last) <u>KIDD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9 28 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>3-20-1891</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>6</u>	IF UNDER 2 HRS. Hours <u>8</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CONST. FOREMAN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>CONSTRUCTION</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CEDAR Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>ROBERT PERZY KIDD</u>	13b. MOTHER'S MAIDEN NAME <u>MARTHA EUGEN HAWKINS</u>	14. NAME OF HUSBAND OR WIFE <u>EVA KIDD</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>HOSPITAL RECORDS</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastric & biliary fistulae following operation</u>		<u>5 wks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gastric ulcer with perforation</u> DUE TO (c)		<u>Unkn</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>5401</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 9-19, 1955, to 9-28, 1955, that I last saw the deceased alive on 9-28, 1955, and that death occurred at 4:00 P. m., 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>9-28-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Sept 28 1955</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Peculiar Mo</u>
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DATE REC'D BY LOCAL REG. <u>Sept 28 1955</u>	REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u> 31-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Person from ...</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

OCT 11 1954

OCT 14 1954

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 *M. J. Whitcomb*

Licensed Embalmer No. 38

P. O. Address *Calumet*

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.