

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 9 1956

39826

State File No. 83

BIRTH NO. 73749-55 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5142 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY Butler <i>Neely Twp.</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Butler	
b. CITY OR TOWN Neelyville, Mo.		c. CITY OR TOWN Neelyville <i>0120</i>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) Star Route	
d. FULL NAME OF HOSPITAL OR INSTITUTION Star Route			

3. NAME OF DECEASED (Type or Print) Sue Diane Tidwell			4. DATE OF DEATH 12-27-55		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Oct. 20, 1955		9. AGE (In years last birthday) 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Neelyville, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Gus Tidwell		13b. MOTHER'S MAIDEN NAME Pearl Hicock		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gus Tidwell Neelyville, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation			INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Suffocation, Bed clothing			
		DUE TO (c)			
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 9240			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 18		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Neelyville, Butler, Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? None	

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 00A m., from the causes and on the date stated above.

23a. SIGNATURE <i>Grove U. Pheasant</i> (Degree or title) 3		23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 12-29-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-27-55		24c. NAME OF CEMETERY OR CREMATORY Cochran Cem.	
24d. LOCATION (City, town, or county) (State) Butler County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank-Cotrell Poplar Bluff, Mo.			
DATE REC'D BY LOCAL REG. 12/31/55		REGISTRAR'S SIGNATURE <i>R. H. Muehleisen</i>			

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

RECEIVED
JAN 3 1956

BUTLER CO. HEALTH CENTER

FILE No. _____

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

Wallace R. Knight

Licensed Embalmer No. _____

4578

P. O. Address _____

*412 1/2
Piquette Bluff*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.