

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40309

State File No.

FILED DEC 19 1955

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits write RURAL and give township) OR TOWN <u>Clinton</u>		c. CITY OR TOWN <u>Windsor</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>3 wks</u>		e. STREET ADDRESS (If rural, give location) <u>102 W. King St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LUM</u>	b. (Middle) <u>H</u>	c. (Last) <u>SIDWELL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 9, 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>Oct. 18, 1904</u>	9. AGE (In years last birthday) <u>50</u>	f. UNDER 1 YEAR Months	g. UNDER 1 HR. Hours	h. MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foreman Chicken Farm</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Windsor, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Wm Henry Sidwell</u>	13b. MOTHER'S MAIDEN NAME <u>Lillie Jane Hunt</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth W. Sidwell</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>no</u>	16. SOCIAL SECURITY NO. <u>487 10 4920</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lum Sidwell</u>	ADDRESS <u>Windsor, Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>27 days</u> <u>27 days</u>
	ANTECEDENT CAUSES DUE TO (b) <u>coronary occlusion</u>		
	DUE TO (c) <u>angina pectoris</u>		4201
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"/>
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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) (Min.)	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 1954, to 12-9, 1955, that I last saw the deceased alive on 12-9, 1955, and that death occurred at 3:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm C. Sunderwith</u> (Degree or title) <u>P.O.</u>	23b. ADDRESS <u>105 E. Ohio; Clinton, Mo.</u>	23c. DATE SIGNED <u>12-10-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>12-11-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak</u>	24d. LOCATION (City, town, or county) (State) <u>Windsor, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>12-11-55</u>	REGISTRAR'S SIGNATURE <u>Mildred Begum</u> <u>521</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Huston Turner</u> ADDRESS <u>Windsor, Mo</u>
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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 *William M. Turner*.....

Licensed Embalmer No. *464*.....

P. O. Address *Windsor*
Mo.....

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.