

FILED MAR 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9858

BIRTH NO. _____		REG. DIST. NO. <u>217</u>		PRIMARY REG. DIST. NO. <u>3045</u>		Registrar's No. <u>30</u>	
1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u>		c. LENGTH OF STAY (In this place) <u>23</u> Year		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u>		26720	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Residence 405 S. Virginia</u>				d. STREET ADDRESS (If rural, give location) <u>405 S. Virginia</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elsie</u>		b. (Middle) <u>Maude</u>		c. (Last) <u>Kidd</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2/23/56</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>4/22/1913</u>	
9. AGE (In years last birthday) <u>42</u>		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 1 MIN. Hours Min.		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Brown Shoe Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Mack Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Velma Mitchell</u>		14. NAME OF HUSBAND OR WIFE <u>Woodrow Kidd</u>			
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>500-16-7871</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Woodrow Kidd, Charleston, Mo.</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>Metastatic carcinoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of uterus</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>	
19a. DATE OF OPERATION <u>3-11-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Adenocarcinoma of the uterus</u>				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>Sept. 18, 1954</u> to <u>Feb. 23, 1956</u> , that I last saw the deceased alive on <u>Feb. 23, 1956</u> and that death occurred at <u>12:45 P.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>T. P. Fulton D.O.</u>				23b. ADDRESS <u>Wyatt, Missouri</u>		23c. DATE SIGNED <u>Feb. 28-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/25/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Charleston Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3/10/56</u>		REGISTRAR'S SIGNATURE <u>Jean Deane</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>The Nunnelee Funeral Chapel</u> <u>Charleston, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miss. Co. Health Dep
County File No. MAR
Date Filed MAR 16 1959

VS
MAR 12 1959

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 _____

Licensed Embalmer No. 3851

P. O. Address Charleston, S.C.

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.