

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

41893

FILED DEC 31 1956

88819-56

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 554

1. PLACE OF DEATH a. COUNTY JASPER			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		Length of stay in 1b 1 DAY	d. STREET ADDRESS 721 JACKSON AVE.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First MIDDLE Last BILLY FLOYD KIDWELL			4. DATE OF DEATH DEC. 4, 1956 Month Day Year					
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> INFANT DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC. 3, 1956	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 0 Days 0		IF UNDER 24 HRS. Hours 19 Min. 30	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT			10b. KIND OF BUSINESS OR INDUSTRY INFANT		11. BIRTHPLACE (City and state or country) JOPLIN, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME DON KIDWELL			14. MOTHER'S MAIDEN NAME NANCY RUTH DOTY					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) INFANT		16. SOCIAL SECURITY NO.		17. INFORMANT Address DON KIDWELL, 721 JACKSON, JOPLIN, MO.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Intra septal defect of ventricles DUE TO (c) Congenital anomalies (multiple) conception						INTERVAL BETWEEN ONSET AND DEATH From		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Congenital hydrocephalus of kidneys. 7542						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) No injury					
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION JOPLIN, MO.		20g. COUNTY JASPER		20h. STATE MO.
21. I attended the deceased from 2 Dec. '56 to 4 Dec. '56 and saw her alive on 3 Dec. '56 Death occurred at 4:55 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Donald B. Bosley, M.D. (Degree or title)			22b. ADDRESS 421 Frisco Bldg. - Joplin, Mo.			22c. DATE SIGNED 19 Dec 56		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 12-5-56	23c. NAME OF CEMETERY OR CREMATORY FOREST PARK CEMETERY,		23d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI			
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO.			25. DATE RECD. BY LOCAL REG. 12-26-1956		26. REGISTRAR'S SIGNATURE Dove Merriam			

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with reference to diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 F. M. Jones.....  
Licensed Embalmer No. 23

P. O. Address Joplin

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.