

FILED DEC 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42266

State File No.

BIRTH NO. _____ REG. DIST. NO. 248 PRIMARY REG. DIST. NO. 4369 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Seneca</u>	c. LENGTH OF STAY (in this place) <u>7 yrs.</u>	c. CITY OR TOWN <u>Seneca</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>0730</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Kidwell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 8, 1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>wht</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>mar.</u>	8. DATE OF BIRTH <u>March 28, 1905</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Field man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Milnot Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Oklahoma</u>	
13a. FATHER'S NAME <u>John Kidwell</u>			13b. MOTHER'S MAIDEN NAME <u>Geneva Stockton</u>		14. NAME OF HUSBAND OR WIFE <u>Gladys</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>368-07-2740</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Gladys Kidwell, Seneca, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary heart disease</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>420.1</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 Dec. 8, 1956 to Dec. 8, 1956 that I last saw the deceased alive on Dec 8, 1956 and that death occurred at 10:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John B. Roberts D.O.</u>		23b. ADDRESS <u>PO Box 295 Seneca Mo 12/11/56</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/11/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Seneca Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Seneca Missouri</u>					

DATE REC'D BY LOCAL REG. <u>12-14-56</u>		REGISTRAR'S SIGNATURE <u>Mrs. Irene Russell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W E Biddlecome Seneca Mo</u>	
---	--	--	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

486

RECEIVED

District Health Officer No. *Nassaton*

District File Number *1256-214*

Date Filed **DEC 17 1956**

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 *W E Biddlecom*

Licensed Embalmer No. *217*

P. O. Address *Seneca*

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.