

FILED MAY 13 1957

STANDARD CERTIFICATE OF DEATH

15880

STATE FILE NUMBER

Registration District No. 337 Primary Registration District No. 4495 Registrar's No. 37

| | | | | | | | | | | |
|--|--|---|--|---|---|--|--|--|---------|--|
| 1. PLACE OF DEATH a. COUNTY SHELBY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY SHELBY | | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLARENCE | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN CLARENCE MO | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION CLARENCE MO | | | Length of stay in lb 25 YRS | | d. STREET ADDRESS (If outside, give location) CLARENCE MO | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First ETHEL Middle FRANCES Last KIDWELL | | | | 4. DATE OF DEATH Month APRIL Day 6 Year 1957 | | | | | | |
| 5. SEX FEMALE | | 6. COLOR OR RACE WHITE | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH OCT 4, 1903 | | 9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months Days Hours Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | | 10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE | | 11. BIRTHPLACE (City and state or country) MO TNOX COUNTY | | 12. CITIZEN OF WHAT COUNTRY? US | | | |
| 13. FATHER'S NAME JOHN FRESH | | | | 14. MOTHER'S MAIDEN NAME MARY SECKRIST | | | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO | | 16. SOCIAL SECURITY NO. NONE | | 17. INFORMANT Hazel Renner Address CLARENCE 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) Coronary Occlusion | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 weeks | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) Coronary Thrombosis | | | | | DUE TO (c) | | 2 years | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 | | | |
| 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.) | | | | | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | | | | | | | | | |
| 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 | | COUNTY | | STATE | | |
| 21. I attended the deceased from 4-25-57 to 5-5-57 and last saw her ^{her} _{best} alive on 5-5-57 Death occurred at 6 m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | | | |
| 22a. SIGNATURE (Degree or title) B.L. Edrington D.O. | | | | 22b. ADDRESS Clarence, Mo. | | | | 22c. DATE SIGNED 5-7-57 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 23b. DATE 5-8-57 | 23c. NAME OF CEMETERY OR CREMATORY MAPLEWOOD CEMETERY | | | 23d. LOCATION (City, town, or county) CLARENCE | | STATE MO | | |
| 24. FUNERAL DIRECTOR Chas V. Steen | | | ADDRESS Clarence Mo | | 25. DATE RECD. BY LOCAL REG. 5-8-1957 | | 26. REGISTRAR'S SIGNATURE Ada Garrison | | | |

(Licensed Embalmer's Statement on Reverse Side)

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally 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 *Charles V. Green*

Licensed Embalmer No. *46*

P. O. Address *Claremont*

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.