FILED AUG 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25179
STATE FILE NUMBER

Registration District No. 166 Primary Registration District No. 5605 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Whiteman AF Base Hospital — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE -
b. COUNTY -
c. CITY OR TOWN - 0510 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS - (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: UnNamed Middle: Last: Sidway
4. DATE OF DEATH Month: July Day: 28 Year: 1957
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 28 Jul 57
9. AGE (In years last birthday) — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min. 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -
10b. KIND OF BUSINESS OR INDUSTRY -
11. BIRTHPLACE (City and state or country) USAF Hospital, Whiteman AF Base, Missouri
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Robert Henry Sidway
14. MOTHER'S MAIDEN NAME Marilyn Jean Potter
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) - (If yes, give war or dates of service) -
16. SOCIAL SECURITY NO. -
17. INFORMANT Robert H. Sidway Address 604 S Maguire Warrensburg, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Prematurity with failure of
DUE TO (b) initiation of respiratory mechanism
DUE TO (c)
(Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)
INTERVAL BETWEEN ONSET AND DEATH: 15 min

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Toxemia of Pregnancy 7695

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ - SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) -
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year -
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 28 Jul 57 to 28 Jul 57 and last saw her/him alive on 28 Jul 57
Death occurred at 12:40 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Albert L Stephens Jr. (Degree or title)
ALBERT L STEPHENS JR (MC)
22b. ADDRESS USAF Hospital, Whiteman AF Base, Missouri
22c. DATE SIGNED 29 Jul 57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7-30-57
23c. NAME OF CEMETERY OR CREMATORY Sunset Hill
23d. LOCATION (City, town, or county) Warrensburg (State) Mo.

24. FUNERAL DIRECTOR R. A. Brauninger, Warrensburg, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. 7/30/57
26. REGISTRAR'S SIGNATURE Erma L. Beatty

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ~~.....~~, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 33

P. O. Address Warrenbu

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.