Health, & Welfare Public Service

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026541
STATE FILE NUMBER

FILED JUL 16 1958 Registration District No. 292 Primary Registration District No. 3055 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY Polk	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Polk
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bolivar — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN Bolivar 0841 0 — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Died in the Home — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Amos — Middle — Last Kidby

4. DATE OF DEATH: Month July Day 5 Year 1958

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Aug. 8, 1863

9. AGE (In years last birthday): 94 — 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): Ret.

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (City and state or country): England 4

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Kidby

14. MOTHER'S MAIDEN NAME: Ann Bacon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: No

17. INFORMANT: Minnie Kidby, Address: Bolivar, 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) Uremia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Prostatism Pyelitis & Purulent Cystitis
DUE TO (c) Arterio-Sclerosis

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 610X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

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 1957, to July 5, 1958 and last saw him alive on July 5, 1958
Death occurred at 8:45 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M. F. Lumbrun D.D.

22b. ADDRESS: Bolivar Mo.

22c. DATE SIGNED: 7-11-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: July 8, 58

23c. NAME OF CEMETERY OR CREMATORY: Mt. Gilead-Cemetery

23d. LOCATION (City, town, or county) (State): Polk Co. Mo.

24. FUNERAL DIRECTOR: Pitts Funeral Home — ADDRESS: Bolivar, Mo.

25. DATE RECD. BY LOCAL REG.: July 12, 1958

26. REGISTRAR'S SIGNATURE: Ralph Gordon per Jewell Gordon

(Licensed Embalmer's Statement on Reverse Side)

JUL 16 1958

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 Sidney J. Pitts

Licensed Embalmer No. 49

P. O. Address Bolwa

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.