

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035856
STATE FILE NUMBER

FILED OCT 28 1958 Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 308

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson-City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>BARNETT</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St-Marys Hosp</u> Length of stay in lb <u>9 days</u>		d. STREET ADDRESS (If outside, give location) <u>0710 Old-BARNETT</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>ELAC-</u> Middle <u>Ferrel</u> Last <u>Kidwell</u>			4. DATE OF DEATH Month <u>Oct-</u> Day <u>25-</u> Year <u>1958</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>16 Nov-1911</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRUCK-DRIVER-</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gas-</u>	11. BIRTHPLACE (City and state or country) <u>MILLER-Co-Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13a. FATHER'S NAME <u>Elmer-Kidwell</u>	
13b. MOTHER'S MAIDEN NAME <u>Laura-Henderson</u>		14. NAME OF HUSBAND OR WIFE <u>NORMA-Kidwell</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT Address <u>NORMA-Kidwell- Barnett-Mo</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Giant follicular lymphoma</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>??</u> DUE TO (c) <u>2020</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs</u>	
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.) <u>None</u>		20c. TIME OF INJURY .Hour Month, Day, Year a.m. p.m. <u>None</u>	
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.) <u>None</u>	
20f. CITY, TOWN, OR LOCATION <u>None</u>		COUNTY STATE	
21. I attended the deceased from <u>4/25/58</u> to <u>10/25/58</u> and last saw ^{her} _{him} alive on <u>10/25/58</u> Death occurred at <u>10:25 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree of title) <u>R. P. Norris M.D.</u>		22b. ADDRESS <u>Jefferson-City-Mo</u>	
22c. DATE SIGNED <u>27 Oct-58</u>		23a. BURIAL, CREATION, REMOVAL (Specify) <u>BURIAL</u>	
23b. DATE <u>28 Oct-1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>ELDON</u>	
23d. LOCATION (City, town, or county) (State) <u>ELDON Mo</u>		24. FUNERAL DIRECTOR ADDRESS <u>Kath McKays</u>	
25. DATE RECD. BY LOCAL REG. <u>27 October 1958</u>		26. REGISTRAR'S SIGNATURE <u>R. P. Norris M.D. MR</u>	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Keith M. Rags* Licensed Embalmer No. *3998* P. O. Address *Eldon Mo.*

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.