Health, Welfare Public Service

300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-042930

STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 197

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Marshall — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 1073 S. Salt Pond — Length of stay in 1b: Entire life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Saline
c. CITY OR TOWN: Marshall 0972 c — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1073 S. Salt Pond — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Vernie Middle: Irvine Last: Kidwell

4. DATE OF DEATH Month Day Year: December 5th 1958

5. SEX: Male c

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: Nov. 5th 1913

9. AGE (In years last birthday): 45 — 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): Insurance salesman

10b. KIND OF BUSINESS OR INDUSTRY: Life insurance

11. BIRTHPLACE (City and state or country): Saline County, Mo. o

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Emery Kidwell

13b. MOTHER'S MAIDEN NAME: Ethel Smithey

14. NAME OF HUSBAND OR WIFE: Josephine Estelle Kidwell

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

16. SOCIAL SECURITY NO.: 494-12-6142

17. INFORMANT Address: Mrs. Estelle Kidwell Marshall, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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): Carbon Monoxide gas. Suicide — INTERVAL BETWEEN ONSET AND DEATH: About 30 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 9733

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] **SUICIDE** [X] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Carbon monoxide gas

20c. TIME OF INJURY: 1-30 p.m. Month, Day, Year: 12-5-58

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): His Home

20f. CITY, TOWN, OR LOCATION: Marshall — COUNTY: Saline — STATE: Mo

21. I attended the deceased from made investigation, to 12-5-58 and last saw her/him alive on
Death occurred at 1:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. L. Lawless M.D. Coroner Saline Co.

22b. ADDRESS: Marshall Mo.

22c. DATE SIGNED: 12-6-58

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

23b. DATE: 12-7-58

23c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Gardens

23d. LOCATION (City, town, or county) (State): Marshall, Missouri

24. FUNERAL DIRECTOR ADDRESS: Campbell-Lewis Marshall, Mo.

25. DATE RECD. BY LOCAL REG.: 12-6-58

26. REGISTRAR'S SIGNATURE: Cecil G. Read

(Licensed Embalmer's Statement on Reverse Side)

DEC 18 1958

DEC 16 1958

MAR 4 1959

FEB 9 1959

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 James H. Lewis Jr.

Licensed Embalmer No. 4709

P. O. Address Marshall, Tx.

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.