

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-042997**

**FILED VS. NOV 29 1960**

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 590F Registrar's No. 192

ENDED

1. PLACE OF DEATH a. COUNTY <b>Pemiscot</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Pemiscot</b>		
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Butler</b>		Length of stay in 1b <b>1 day</b>	c. CITY OR TOWN <b>Portageville</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>R. 1 Portageville</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <b>R. R. 1</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Richard</b> Middle <b>Kiddy</b> Last <b>Kiddy</b>			4. DATE OF DEATH Month <b>Nov.</b> Day <b>20,</b> Year <b>1960</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>5-18-1917</b>	9. AGE (last birthday) <b>43</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>43</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>McComb, Miss.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>William Kiddy</b>		13b. MOTHER'S MAIDEN NAME <b>Ella Elizabeth Conway</b>		14. NAME OF HUSBAND OR WIFE <b>Divorced</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>526-22-8592</b>	17. INFORMANT Address <b>Lorene Kinchen Portageville, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Thoracic and abdominal sections of body crushed.</b>					INTERVAL BETWEEN ONSET AND DEATH
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)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>While working underneath a car, car fell off braces and fell on body.</b>			
20c. TIME OF INJURY Hour <b>11 A.M.</b> Month, Day, Year <b>11-20-60</b>		20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <b>Farm Home</b>	
20f. CITY, TOWN, OR LOCATION <b>R. 1 Portageville, Pemiscot, Mo.</b>		20g. COUNTY <b>Pemiscot</b> STATE <b>Mo.</b>			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>11 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>James A. Osburn, Coroner</b>			22b. ADDRESS <b>Wardell, Mo.</b>		22c. DATE SIGNED <b>11-20-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11-22-60</b>	23c. NAME OF CEMETERY <del>XXXXXX</del> <b>Wardell Memorial</b>		23d. LOCATION (City, town, or county) (State) <b>Wardell, Mo.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Osburn Funeral Home, Wardell, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>11-23-60</b>		26. REGISTRAR'S SIGNATURE <b>Charlotte E. Sloan</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 30 1960

**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 A. Osburn

Licensed Embalmer No. 4185

P. O. Address Wardell, 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.