

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008489

STATE FILE NUMBER

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 32

AMENDED

FILED MAR 20 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Harrison</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bethany</u> | | c. CITY OR TOWN <u>Martinsville</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Noll Memorial Hospital</u> | | d. STREET ADDRESS (If outside, give location) <u>1/2 mile SE of Martinsville</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>Lemon</u> Middle <u>LeRoy</u> Last <u>Kidwell</u> | | 4. DATE OF DEATH Month <u>March</u> Day <u>11</u> Year <u>1961</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>Dec 2, 1880</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Owner</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u> | 9. AGE (last birthday) <u>80</u> |
| 11. BIRTHPLACE (City and state or country) <u>Martinsville, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u> | |
| 13a. FATHER'S NAME <u>Benjamin Kidwell</u> | | 13b. MOTHER'S MAIDEN NAME <u>Laura Edson</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Maude 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> <u>X</u> | |
| 16. SOCIAL SECURITY NO. <u>X</u> | | 17. INFORMANT Address <u>Mrs Maude Kidwell, Martinsville, 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>Acute Coronary Occlusion</u> DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) | | | INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u> <u>years.</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Infectious Hepatitis</u> | | | 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 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.) | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | | 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.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from <u>3-4-61</u> to <u>3-11-61</u> and last saw ^{her} him alive on <u>3-11-61</u> Death occurred at <u>11:30</u> <u>A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Albert Mikhe M.D.</u> (Degree or title) | | 22b. ADDRESS <u>Bethany, Mo</u> | |
| 22c. DATE SIGNED <u>3-13-61</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>3-13-1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Kidwell Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Martinsville, Missouri</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>W. George Noll Bethany, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>3-13-1961</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Jella Maxey</u> | | | |

APR 11 1961

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 William George Noble

Licensed Embalmer No. 4987

P. O. Address Bethany, 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.