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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 9 - 1956

State File No. **10092**

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 4402		Registrar's No. 172	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN La Monte		c. LENGTH OF STAY (in this place) 1 year		c. CITY OR TOWN La Monte		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) Ruth Luella Tidwell			a. (First) Ruth			b. (Middle) Luella	
			c. (Last) Tidwell			4. DATE OF DEATH (Month) (Day) (Year) April 4 1956	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH November 12, 1902	
						9. AGE (In years last birthday) 53	
						IF UNDER 1 YEAR Months 4 Days 22	
						IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and State or Foreign Country) Wisconsin	
12. CITIZEN OF WHAT COUNTRY? U. S.							
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Cellia Anderson			14. NAME OF HUSBAND OR WIFE Gordon O. Tidwell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 434-30-3614			17. INFORMANT'S SIGNATURE OR NAME Gordon O. Tidwell ADDRESS LaMonte, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thromboses ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332x					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased viewed as Coroner , 10 , that I last saw the deceased alive on 19 , and that death occurred at 8:30A m. , from the causes and on the date stated above.							
23a. SIGNATURE Chas Gordon Stauffer MD (Degree or title)				23b. ADDRESS Coroner of Pettis Co		23c. DATE SIGNED 4-4-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-4-56		24c. NAME OF CEMETERY OR CREMATORY Name of Cemetery not known		24d. LOCATION (City, town, or county) (State) Shreveport, Louisiana	
DATE REC'D BY LOCAL REG. 4-4-56		REGISTRAR'S SIGNATURE Laura Coonrod Deputy			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul M. Moore La Monte Mo		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Sub. 48 848

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 Paul M. Moore

Licensed Embalmer No. 39.9

P. O. Address La Monte

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.