

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011100
STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 69

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 12 1963

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
Rev. 4/59						
10355						
20355						
3						
4 0						
5 2						
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7 1						
8 2						
9 20.1						
10						
11						
12 2-0						
13 5-0						
ITEM NO.	SHOULD READ					

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett		Length of stay in 1b 1 day	c. CITY OR TOWN Kennett, Rt.2 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Dunklin County Memorial		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4 Miles E. on 84 highway Reside on Farm No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Charles Washington Tidwell		4. DATE OF DEATH Month March Day 29 Year 1963	
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/30/1892
10a. USUAL OCCUPATION (Give kind of work done during preceding 12 months, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Grocery Store	9. AGE (last birthday) 70 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HR: Hours _____ Min. _____
11. BIRTHPLACE (City and state or country) Wolf Lake, Ill.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME George W. Tidwell		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE		17. INFORMANT Charlene Tidwell, Kennett, Rt.2 Address _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) never		16. SOCIAL SECURITY NO. [Redacted]	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocardial infarction			INTERVAL BETWEEN ONSET AND DEATH 18 hrs
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 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 27 mar 63 to 29 mar 63 and last saw her alive on 29 mar 63 Death occurred at 12:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) Joel A. Zimmerman, M.D.		22b. ADDRESS Kennett Mo.	
22c. DATE SIGNED 4-2-63			
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		23b. DATE 4/1/63	23c. NAME OF CEMETERY OR CREMATORY Oak Ridge
23d. LOCATION (City, town, or county) Kennett		23e. STATE Mo.	
24. FUNERAL DIRECTOR McDaniel Funeral Home, Kennett, Mo.		25. DATE RECD. BY LOCAL REG. 4-8-1963	
26. REGISTRAR'S SIGNATURE Earl H. ...			

USE BLACK INK OR TYPEWRITER RIBBON

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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 Benny W. Bradshaw, Student Embalmer No. 657
working under my personal supervision.

Student Benny D. Bradshaw
Signature of Student Embalmer

Signed Tommy L. Roberts
Licensed Embalmer No. 4886

P. O. Address Sennett, 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.**