

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **34775**

FILED OCT 25 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 4206 Registrar's No. 104

0410

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

1. PLACE OF DEATH a. COUNTY <b>Harrison</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Harrison</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>New Hampton</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>New Hampton</b>	
c. LENGTH OF STAY (in this place) <b>33 YES</b>		d. STREET ADDRESS (If rural, give location) <b>Home</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Home in North pt. New Hampton</b>		d. STREET ADDRESS (If rural, give location) <b>Home in North part of New Hampton</b>	
3. NAME OF DECEASED a. (First) <b>Alvin</b> b. (Middle) <b>Elsworth</b> c. (Last) <b>Kidwell</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 18 1952</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb 2 1885</b>
9. AGE (In years last birthday) <b>67</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	11. BIRTHPLACE (State or foreign country) <b>Harrison County Missouri</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Gen Farming</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Benjamin F. Kidwell</b>		13b. MOTHER'S MAIDEN NAME <b>Laura E. Edson</b>	14. NAME OF HUSBAND OR WIFE <b>Elsie Kidwell</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>-</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Elsie Kidwell</b> ADDRESS <b>New Hampton</b>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>(a) Chronic Intestinal Neoplasia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) Hypertension</b> <b>DUE TO (c) Arteriosclerosis</b>	
		INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs.</b> <b>5 yrs</b> <b>5 yrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
		<b>446 X</b>	
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) (Min.)		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 from <b>Oct 13, 1952, to 10-18, 1952</b> , that I last saw the deceased alive on <b>10-18, 1952</b> , and that death occurred at <b>1255 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>R. L. Green</b> (Deputy or title) <b>D.O.</b>		23b. ADDRESS <b>New Hampton, Mo.</b>	
23c. DATE SIGNED <b>10-19-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct 20 1952</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Kidwell Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Martinsville Mo.</b>	
DATE REC'D BY LOCAL REG. <b>10/20/52</b>		REGISTRAR'S SIGNATURE <b>Zola Burris</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. Noble &amp; Son</b>		ADDRESS <b>New Hampton, Mo.</b>	

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 JML

working under my personal supervision.

Student Embalmer No. ....

Signed

W G Noble

Signed.....  
Student Embalmer

Licensed Embalmer No. 2904

P. O. Address New Hampton 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 this body is not embalmed, fact should be so stated above.