

REC'D JUL 17 1938

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

22580  
Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Ozark ..... Registration District No. 910  
 (b) Township..... Big creek ..... Primary Registration District No. 5758  
 (c) City..... Lutie, Mo. ..... (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 1

## 2. PRINT FULL NAME

Jimmie Howard Ridenour 356  
 (a) Residence, No. Lutie, Missouri St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 4, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
7 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lutie13. NAME Freddie Ridenour14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Isabella, Missouri15. MAIDEN NAME Floy Futrell16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lutie, Mo.17. INFORMANT (ADDRESS) Ralph Futrell  
Apva, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lutie DATE 6-8-193819. FUNERAL DIRECTOR (ADDRESS) John Wray  
Theodosia20. FILED 6/10 1938 Mary F. Johnson Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 193822. I HEREBY CERTIFY, That I attended deceased from June 5, 1938 to June 8, 1938.Last saw him alive on June 6, 1938. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Birth injury  
 Date of onset

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1938

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Birth injuryNature of injury Birth injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_ (Signed) \_\_\_\_\_, M. D.

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**