

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41771**

Registration District No. **49**

Primary Registration District No. **5073**

Registrar's No. **13**

1. PLACE OF DEATH:
 (a) County **Bates**
 (b) City or town **Rural**
 (c) Name of hospital or institution: **none**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2**
 In this community **12 years**
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Bates**
 (c) City or town **Rural**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **4 miles S.E. Amsterdam**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. **no** years.

3. (a) PRINT FULL NAME **Ed Barton Riddle**
 3. (b) If veteran, name war **no**
 3. (c) Social Security No. **none**

4. Sex **Male** race **White**
 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Lilly Mable Riddle**
 6. (c) Age of husband or wife if alive **52** years
 7. Birth date of deceased **April 9 1879**
 (Month) (Day) (Year)

8. AGE: Years **61** Months **8** Days **6**
 If less than one day hr. min.

9. Birthplace **Morgan Co. Iowa**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **9**

MOTHER, FATHER
 { 12. Name **Unk.**
 { 13. Birthplace **Unk.** **Unk.**
 (City, town, or county) (State or foreign country)
 { 14. Maiden name **Matilde Unk.**
 { 15. Birthplace **Unk.** **Unk.**
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Lilly Riddle**
 (b) Address **Amsterdam**

17. (a) **Burial** (b) Date thereof **12-17-40**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **West Point**

18. (a) Signature of funeral director **Frederick Mangold**
 (b) Address **Amsterdam**

19. (a) **Jan 5 1941** (b) **Nesbitt's Kipper**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **12th** day **15th**
 year **40th** hour **8th** minute **PM.**

21. I hereby certify that I attended the deceased from **May 10th 1940** to **Dec 15th 1940**
 that I last saw him alive on **Dec 14th 1940**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Tuberculosis**
 Duration

Due to

Due to **23**

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: Of operations
 Of autopsy
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
924

(Specify type of place) While at work (e) Means of injury

23. Signature **H. D. LeHure** (M. D. or other)
 Address **Amsterdam Mo** Date signed **12/15/40**

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

Rev. 6-17-39
 1 X1931

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 7,

District File Number 1-41-65

Date Filed 1-10-41

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.