

FILED MAR 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4710

423

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5513 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Leesville Twsp		c. LENGTH OF STAY (In this place) 8 years	
d. FULL NAME OF HOSPITAL OR INSTITUTION R # 2, Clinton		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-- Leesville Twsp.	
3. NAME OF DECEASED (Type or Print) Mattie		f. STREET ADDRESS (If rural, give location) R # 2, Clinton	
a. (First)		b. (Middle)	
c. (Last) Ridenour		4. DATE OF DEATH (Month) (Day) (Year) Mar. 2, 1949	
5. SEX Fe	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 31, 1875
9. AGE (In years last birthday) 74		10. MONTH 1	11. DAY 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ohio
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME Fred Young	
13b. MOTHER'S MAIDEN NAME Sarah Davis		14. NAME OF HUSBAND OR WIFE Thomas Ridenour	
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. None	
17. INFORMANT'S SIGNATURE OR NAME Thomas Ridenour, Clinton, Missouri		ADDRESS	
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, asthenia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary emboli			INTERVAL BETWEEN ONSET AND DEATH 3 1/2 hrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis			4 yrs.
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 2/20		19b. MAJOR FINDINGS OF OPERATION	
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, etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 1876, to 2/27, 1949, that I last saw the deceased alive on 2/27, 1949, and that death occurred at 9:00p. m., from the causes and on the date stated above.			
23a. SIGNATURE R. J. Powell (Degree or title)		23b. ADDRESS R. J. Powell, R. 2, Clinton, Mo.	
23c. DATE SIGNED 2/4/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-4-49	24c. NAME OF CEMETERY OR CREMATORY Green Ridge Cemetery	24d. LOCATION (City, town, or county) (State) Green Ridge, Missouri
DATE REC'D BY LOCAL REG. Mar. 3 1949	REGISTRAR'S SIGNATURE Florence Adams	422	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Huston-Turner, Windsor, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7

District File Number 2-49-222

Date Filed 3-14-49

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.

Signed William M. Turner

Signed _____
Student Embalmer

Licensed Embalmer No. 4648

P. O. Address Windsor, 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.