

FILED MAR 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11242

State File No.

BIRTH NO. _____ REG. DIST. NO. 349 PRIMARY REG. DIST. NO. 4513 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>SULLIVAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>SULLIVAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Green Castle</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Browning</u>	
c. LENGTH OF STAY (in this place) <u>1 year</u>		d. STREET ADDRESS (If rural, give location) <u>Coaley Nursing Home 4</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) <u>James</u> b. (Middle) <u>Washington</u> c. (Last) <u>Ridenour</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 4 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec 9, 1861</u>
9. AGE (In years last birthday) <u>87</u>		if UNDER 1 YEAR: Months <u>2</u> Days <u>25</u>	if UNDER 12 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>on farm</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>William Ridenour</u>		13b. MOTHER'S MAIDEN NAME <u>Sylvia Cooper</u>	
14. NAME OF HUSBAND OR WIFE <u>MARY GOINS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rachel Huffman Kirksville, Mo.</u>			
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* (a) <u>Thromboangior Phlebitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4/6 3X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 <u>Jan 17, 1949</u> , to <u>March 4, 1949</u> , that I last saw the deceased alive on <u>March 3, 1949</u> , and that death occurred at <u>3:20 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. H. Heston M.D.</u>		23b. ADDRESS <u>Green City Mo.</u>	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>March 7, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Hooker Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Browning Mo.</u>	
DATE RECD BY LOCAL REG. <u>March 11, 1949</u>		REGISTRAR'S SIGNATURE <u>Laura Catlett</u>	
415		FUNERAL DIRECTOR'S SIGNATURE <u>Blenn E. Kent & Son</u>	
ADDRESS <u>Green City</u>			

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

10500

RECEIVED

District Health Officer No. 10

District File Number

3-49-493

Date Filed MAR 16 1949

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.....

Karl R. Kent

Student Embalmer No. *243*

working under my personal supervision.

Signed.....

Karl R. Kent
Student Embalmer

Signed.....

Archie W. Wade

Licensed Embalmer No. *3037*

P. O. Address.....

Shrewsbury 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.