

FILED JUN 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 16105
2191

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|--|--|--|---|---|--|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | | |
| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JOHNSON</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> | | c. LENGTH OF STAY (in this place) <u>10 days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HOLDEN, MISSOURI</u> | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LAKE SIDE HOSP</u> | | | | d. STREET ADDRESS (If rural, give location) <u>NORTH MARKET</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>HATTIE THOMAS</u> b. (Middle) <u>RIDENHOUR</u> c. (Last) _____ | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 14, 1949</u> | | | | | |
| 5. SEX <u>F</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | | 8. DATE OF BIRTH <u>SEPT 8 1890</u> | | |
| 9. AGE (In years) <u>58</u> if UNDER 1 YEAR: Months <u>9</u> Days <u>6</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 11. BIRTHPLACE (State or foreign country) <u>Marshall, Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |
| 13a. FATHER'S NAME <u>Thomas E. Crutick</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Mary E. Williams</u> | | 14. NAME OF HUSBAND OR WIFE <u>Bert F. Ridenhour</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>✓</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Bert Ridenhour Holden Mo</u> 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Mesenteric Thrombosis</u> ANTECEDENT CAUSES <u>Embolism with myocardial infarction</u> DUE TO (b) <u>Acute Appendicitis</u> DUE TO (c) <u>+ Chronic Cholecystitis no stones</u> II. OTHER SIGNIFICANT CONDITIONS <u>585X</u> Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>Acute Appendicitis</u> <u>Chronic Cholecystitis</u> | | | | 20. 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) _____ | | 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>May 5, 1949</u> , to <u>May 14, 1949</u> , that I last saw the deceased alive on <u>May 14, 1949</u> , and that death occurred at <u>9:50 a.m.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>J. J. Graham</u> (Degree or title) <u>D.O.</u> | | | | 23b. ADDRESS <u>21. 418 Bryant Bldg</u> | | 23c. DATE SIGNED <u>May 14-49</u> | | |
| 24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>1949</u> <u>May 18</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Holden Mo</u> | | 24d. LOCATION (City, town, or county) (State) <u>Holden Mo</u> | | |
| DATE REC'D BY LOCAL REG. <u>5-19-49</u> | | REGISTRAR'S SIGNATURE <u>Theldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Canada & Nopp Holden Mo</u> ADDRESS _____ | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 28 1950

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.

Student
Student Embalmer

Signed Samuel B. Ropp

Licensed Embalmer No. 4044

P. O. Address Holden 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.