

FILED JUL 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18956

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 72

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

1. PLACE OF DEATH a. COUNTY <u>Clay</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Smithville</u>		c. LENGTH OF STAY (in this place) <u>3 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lathrop</u>		2
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Smithville Hospital</u>			d. STREET ADDRESS (If rural, give location) _____		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>S.</u> c. (Last) <u>Riddell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7 - 4 - 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4/10/1896</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Engineer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>K. C. Terminal</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>J. F. Riddell</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Wardlow</u>		14. NAME OF HUSBAND OR WIFE <u>Lillian Riddell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>490-10-4107</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lillian Riddell Lathrop, 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>Arteriosclerotic Heart disease</u> <u>Coronary occlusion</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Left Hemiplegia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hours</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input checked="" 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>Jan</u> , 19 <u>49</u> , to <u>July</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>July 4</u> , 19 <u>49</u> , and that death occurred at <u>10:30</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>H. S. Antner M.D.</u>		23b. ADDRESS <u>Lathrop Missouri</u>		23c. DATE SIGNED <u>July 4, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/6/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		
DATE REC'D BY LOCAL REG <u>July 6 - 49</u>	REGISTRAR'S SIGNATURE <u>Beverly Kitchens</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gates Funeral Home</u>		ADDRESS <u>K.C. Kans.</u>	

RECEIVED JUL 11

District Health Officer No. 8,

District File Number _____

Date Filed 7-14-49

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.

Student _____
Student Embalmer

Signed Jimmy S. Huber

Licensed Embalmer No. 4092

P. O. Address Missouri, N. M.

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.