

FILED AUG 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24425**
Registrar's No. **169**

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		Registrar's No. 169			
1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph					
b. CITY (If outside corporate limits, write RURAL and give township) Moberly		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Moberly		d. STREET ADDRESS (If rural, give location) 533 Vincil			
d. FULL NAME OF HOSPITAL OR INSTITUTION 533 Vincil Street				d. STREET ADDRESS (If rural, give location) 533 Vincil					
3. NAME OF DECEASED (Type or Print) a. (First) Mary			b. (Middle) Frances		c. (Last) Ridgway		4. DATE OF DEATH (Month) (Day) (Year) 7 27 '89		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH 12/11/1860		9. AGE (In years last birthday) 88	
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) Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Enoch Brandenburg			13b. MOTHER'S MAIDEN NAME Frances Reynolds			14. NAME OF HUSBAND OR WIFE James Franklin Ridgway			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Emma Stack			ADDRESS Excelsior Mo.	
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) Carcinoma Breast orig Lump, Linn, apilla glands 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.						INTERVAL BETWEEN ONSET AND DEATH 3 1/2 170X	
19a. DATE OF OPERATION 1946		19b. MAJOR FINDINGS OF OPERATION Cancer R lung						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or abets 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 Jan 1, 1945 , to July 27, 1945 , that I last saw the deceased alive on July 27, 1945 and that death occurred at 8:30 m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) H. Griffiths MD				23b. ADDRESS Moberly Mo				23c. DATE SIGNED 7-28-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/30/49		24c. NAME OF CEMETERY OR CREMATORY Oakland		24d. LOCATION (City, town, or county) (State) Moberly Mo.			
DATE REC'D BY LOCAL REG. 7-30-49		REGISTRAR'S SIGNATURE Leah Williams			FUNERAL DIRECTOR'S SIGNATURE Marion G. Millon		ADDRESS Moberly		

(Licensed Embalmer's Statement on Reverse Side)

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

8.30.1111
Wed.

VS DEC 8 1959

RECEIVED AUG 10 1949
District Health Officer No. 10
District File Number 8-49-136
Date Filed AUG 10 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.....

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Marion E. Million

Licensed Embalmer No. 3957

P. O. Address Moberly, Missouri

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.