

FILED AUG 4 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 25825

BIRTH NO. _____ REG. DIST. NO. 349 PRIMARY REG. DIST. NO. 6185 Registrar's No. 18 17

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>	
b. CITY OR TOWN <u>Rural--Union Twp.</u>		c. CITY OR TOWN <u>Rural--Union Twp.</u>	
c. LENGTH OF STAY (in this place) <u>60 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>12 miles South West Green City 12 mi. S W Green City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>12 miles South West Green City</u>		d. STREET ADDRESS (If rural, give location) <u>12 mi. S W Green City</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John Buckner</u> b. (Middle) <u>Floyd</u> c. (Last) <u>Riddle</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 19, 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>February 18, 1882</u>
9. AGE (In years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>William Riddle</u>	
14. MOTHER'S MAIDEN NAME <u>Mary Jane Parmer</u>		15. NAME OF HUSBAND OR WIFE <u>Lovica Riddle</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		17. SOCIAL SECURITY NO. <u>None</u>	
18. INFORMANT'S SIGNATURE OR NAME <u>Mrs. M. L. Ball</u>		19. ADDRESS <u>Cora, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>FOUND DEAD</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CAUSE UNKNOWN</u> DUE TO (c) <u>SENILITY</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>EVIDENCE ACUTE VOMITING SUDDEN DEATH</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Heart 18 19 1949</u>	
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 bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred <u>12:30P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Joseph E. Prouto Coroner</u>		23b. ADDRESS <u>MILAN, MISSOURI</u>	
23c. DATE SIGNED <u>July 23-49</u>		24a. BURIAL/CREMATION/REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>July 24, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Sullivan County, Mo.</u>		DATE REC'D BY LOCAL REG. <u>July 30, 1949</u>	
REGISTRAR'S SIGNATURE <u>Laura Battell</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Alvin E. ...</u>	
ADDRESS <u>115</u>		ADDRESS <u>509 Green City</u>	

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

RECEIVED AUG 1 1949
District Health Officer No. _____
District File Number 8-49-1
Date Filed AUG 4 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. 3057

P. O. Address Green City, 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.