

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 3 1950

State File No.

BIRTH NO. REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE Mo b. COUNTY Chariton	
b. CITY (If outside corporate limits, write RURAL and give township) Moberly		c. CITY (If outside corporate limits, write RURAL and give township) Rothville Mo Rural	
c. LENGTH OF STAY (in this place) Woodland Hospital		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) Lloyd Lewis Riddell			4. DATE OF DEATH (Month) (Day) (Year) Jan 25 -50	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH (last birthday) (Month) (Day) (Year) Feb 23 1890 59 11 2	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Chariton Co Near Rothville Mo
12. CITIZEN OF WHAT COUNTRY? USA				

13a. FATHER'S NAME James Riddell	13b. MOTHER'S MAIDEN NAME Ava Stewart	14. NAME OF HUSBAND OR WIFE Helen Riddell
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Mrs Helen Riddell	ADDRESS Rothville Mo
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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		INTERVAL BETWEEN ONSET AND DEATH 5 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephritis & Arteriosclerosis 5 yrs DUE TO (c) Diabetes Mellitus 15 yrs Cerebral Hemorrhage 2 months		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		260X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 Jan 17, 1950, to Jan 25, 1950, that I last saw the deceased alive on Jan 24, 1950, and that death occurred at 11:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lloyd Lewis Riddell, M.D.	23b. ADDRESS Moberly, Mo.	23c. DATE SIGNED 25 Jan 50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/27/50	24c. NAME OF CEMETERY OR CREMATORY Rothville	24d. LOCATION (City, town, or county) (State) Rothville Mo.
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DATE REC'D BY LOCAL REG. 2-27-50	REGISTRAR'S SIGNATURE Seaborn	25. FUNERAL DIRECTOR'S SIGNATURE L. L. Leopard	ADDRESS Moberly Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 28 1957

VS
FEB 1
1950

RECEIVED

FEB 1 1950

District Health Officer No. 10

District File Number 2-22-22

Date Filed FEB 1 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.

Signed _____

S. L. Leopard

Signed _____
Student Embalmer

Licensed Embalmer No. 3970

P. O. Address Mendon Me

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.