

FILED FEB 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5180

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3277 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City	
c. LENGTH OF STAY (In this place) 5 Years		d. STREET ADDRESS (If rural, give location) 413 S. Main St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 413 S. Main St.			

3. NAME OF DECEASED (Type or Print)	a. (First) Susan	b. (Middle) Belle	c. (Last) Riddle	4. DATE OF DEATH (Month) (Day) (Year) Jan. 19, 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 18, 1877	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 2	IF UNDER 12 HRS. Days 1	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Hillsboro, Ill.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Zedric C. Patton	13b. MOTHER'S MAIDEN NAME Catherine Gates	14. NAME OF HUSBAND OR WIFE General S. Riddle
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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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. General S. Riddle, Webb City, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 yr. + 10 + yrs. 4 1/2 X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-vascular disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertension DUE TO (c) Rheumatoid arthritis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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)
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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?
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22. I hereby certify that I attended the deceased from 8-21, 1948, to Jan 19, 1950, that I last saw the deceased alive on Jan 19, 1950, and that death occurred at 4:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. M. Simpson, M.D.	23b. ADDRESS Webb City, Mo.	23c. DATE SIGNED 1-21-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 23, 1950	24c. NAME OF CEMETERY OR CREMATORY Sparks Cemetery	24d. LOCATION (City, town, or county) (State) East of Purdy, Mo.
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DATE REC'D BY LOCAL REG. Jan 19 1950	REGISTRAR'S SIGNATURE R. L. Tuttle, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Johnston-Arnce-Simpson, Webb City, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 2-1-50
Jasper County Health Office

Case File Number 50-1-57

Date Filed 2-18-50

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

Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address

Webb City

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.