

FILED MAR 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7399

BIRTH NO. _____ REG. DIST. NO. 359 PRIMARY REG. DIST. NO. 4528 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moundville Twn.</u>	c. LENGTH OF STAY (In this place) <u>6 yr</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Moundville, Twn.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u> b. (Middle) <u>HENRY</u> c. (Last) <u>RIDER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2 18 50</u>
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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>11/9/1856</u>	9. AGE (In years last birthday) <u>93</u>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Henry Co. Tenn</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Thomas R. Rider</u>	13b. MOTHER'S MAIDEN NAME <u>Sarilda Engleton</u>	14. NAME OF HUSBAND OR WIFE <u>Mildred Ann Johns</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Rider</u>	ADDRESS <u>Bronaugh, Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Arteriosclerosis</u>		<u>20 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u>Senility</u>		<u>20 yrs</u> <u>10-20 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile Dementia, maniacal states.</u>		<u>4 yrs.</u>	

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) <u>332-X</u>
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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?
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22. I hereby certify that I attended the deceased from Aug 28, 1945, to Feb. 17, 1950, that I last saw the deceased alive on Feb. 18, 1950 and that death occurred at 5:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. H. Knelland, D.O.</u>	23b. ADDRESS <u>Liberal, Mo.</u>	23c. DATE SIGNED <u>Feb. 20-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 20-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Warsaw</u>	24d. LOCATION (City, town, or county) (State) <u>Bronaugh Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Feb 26 1950</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ruth Faucher</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. Gerald Boney</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 71

District File Number 2-50-174

Date Filed 3-7-50

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed L. Gerald Beeny

Signed.....
Student Embalmer

Licensed Embalmer No. 4203

P. O. Address Sheldon 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.