

THE DIVISION OF HEALTH OF MISSOURI
FILED APR 6 1950 STANDARD CERTIFICATE OF DEATH

11770

State File No.

 BIRTH NO. _____ REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 4538 Registrar's No. 7

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>wayne</u>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>piédmont</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Cape Girardeau</u>
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>cape Girardeau</u> <u>1164</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) <u>George</u>	b. (Middle) <u>Francis</u>	c. (Last) <u>Riddle</u>	<u>March 26, 1950</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 20, 1891</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>5</u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>9</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Jim Riddle</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Brown</u>	14. NAME OF HUSBAND OR WIFE <u>Nancy Wilhite</u>
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Nancy Riddle, Cape Girardeau</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>	<u>3 Months</u>		
ANTECEDENT CAUSES <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	DUE TO (b) <u> </u>		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	DUE TO (c) <u> </u>		<u>331X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) 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 3-20, 1950, to 3-26, 1950, that I last saw the deceased alive on 3-26, 1950, and that death occurred at 11:00 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. H. Jones, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Piedmont, Mo.</u>	23c. DATE SIGNED <u>3-28-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/28/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lormier</u>	24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Missouri</u>
DATE REC'D BY LOCAL REG. <u>Mar. 24-50</u>	REGISTRAR'S SIGNATURE <u>Luise O. Piles</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>William Coder</u>	ADDRESS <u>Piedmont, Mo.</u>

RECEIVED

APR 5 1950

DISTRICT HEALTH OFFICE No. 4

File No. 450-504

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 _____

Coder Funeral Home

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address Piedmont, 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.