

FILED JUN 7 1950

STANDARD CERTIFICATE OF DEATH

State File No. 123278

BIRTH NO. 65864-49 REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 363

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <p align="center">Linn</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center">Missouri</p>	
b. CITY (If outside corporate limits, write RURAL and give township) <p align="center">OR TOWN</p>		b. COUNTY <p align="center">Linn</p>	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <p align="center">OR TOWN</p> <p align="center">Marceline <u>0581</u></p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <p align="center">Church & Bigger St.</p>		d. STREET ADDRESS (If rural, give location) <p align="center">Church & Bigger St. <u>0</u></p>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Virginia</u> b. (Middle) <u>Susan</u> c. (Last) <u>Riddle</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 14 1950</u>										
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never</u>	8. DATE OF BIRTH <u>Aug. 30 1949</u>	9. AGE (in years last birthday) <u>*</u>	<table border="1"> <tr> <td>MONTHS</td> <td>YEARS</td> <td>UNDER 1 YEAR</td> <td>UNDER 1 MIN.</td> </tr> <tr> <td><u>7</u></td> <td><u>14</u></td> <td></td> <td></td> </tr> </table>	MONTHS	YEARS	UNDER 1 YEAR	UNDER 1 MIN.	<u>7</u>	<u>14</u>		
MONTHS	YEARS	UNDER 1 YEAR	UNDER 1 MIN.										
<u>7</u>	<u>14</u>												
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Bucklin Missouri</u>									
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>													

13a. FATHER'S NAME <u>Everett Riddle</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia Hutcherson</u>		14. NAME OF HUSBAND OR WIFE <u>none</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. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Everett Riddle Marceline 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probably pneumonia, according to information given by family.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Family.</u> DUE TO (c) <u>Family.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2</u>
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 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 Ca. 10 days prior, to, 19, that I last saw the deceased alive on 5/15/50, and that death occurred at Marceline, Mo., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dale Bunch 3rd Coroner</u>		23b. ADDRESS <u>Marceline</u>		23c. DATE SIGNED <u>5/15/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Apr. 15 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u>	
24d. LOCATION (City, town, or county) (State) <u>Marceline Mo.</u>					

DATE REC'D BY LOCAL REG. <u>4/15/50</u>		REGISTRAR'S SIGNATURE <u>Marie J. Owen</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James McLaughlin</u>	
				ADDRESS <u>Marceline Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)



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.....

none

Student Embalmer No. *none*

working under my personal supervision.

Signed.....

none

Student Embalmer

Signed.....

Francis L. Schaberg

Licensed Embalmer No. *4513*

P. O. Address *Marline 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.