S. No. 300
V. 10.48

FILED SEP 11 1950

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 26299

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 44

1. PLACE OF DEATH
a. COUNTY: Cedar
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ELDORADO SPRINGS
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 400 S. MAIN ST.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: Cedar
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ELDORADO SPRINGS
d. STREET ADDRESS (If rural, give location): 400 S MAIN ST.

3. NAME OF DECEASED (Type or Print): a. (First) LAURA b. (Middle) ETTA c. (Last) Ridge

4. DATE OF DEATH (Month) (Day) (Year): 8-21-50

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed V
8. DATE OF BIRTH: 2-28-1870
9. AGE (In years last birthday): 80 — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): PRAIRIE Co. Ohio
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Eli Shimer
13b. MOTHER'S MAIDEN NAME: Mary E. Buchanan
14. NAME OF HUSBAND OR WIFE: Willie B. Ridge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Edna Pickell, ADDRESS: ElDorado Spgs., Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: Do not

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): of Liver — Know
DUE TO (c): unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Jaundice — 156A

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): None
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from Aug 12, 1950, to Aug 20, 1950, that I last saw the deceased alive on 8-21, 1950, and that death occurred at 8:00A m., from the causes and on the date stated above.

23a. SIGNATURE: J W Richardson (Degree or title): M D
23b. ADDRESS: Tiffin Mo
23c. DATE SIGNED: 8-22-1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 22, 1950
24c. NAME OF CEMETERY OR CREMATORY: City Cemetery
24d. LOCATION (City, town, or county) (State): ElDorado Springs, Mo

DATE REC'D BY LOCAL REG.: Aug. 28, 1950
REGISTRAR'S SIGNATURE: George W. Nafus per V E Knowlton, Deputy
25. FUNERAL DIRECTOR'S SIGNATURE: Gwinn Carothers, ADDRESS: ElDorado Spgs., Mo

418-0 (Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED SEP 4 1950
Dist. File 950-1873
Date Filed Sept. 7 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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Floyd E. Carothers

Signed.....
Student Embalmer

Licensed Embalmer No. 4419

P. O. Address El Dorado Springs, 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.**