

FILED NOV 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34012

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4269 Registrar's No. 83

540  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Border</u>	c. LENGTH OF STAY (In this place) <u>7 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Border MO Dover</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0540</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lawrence Aylette</u> b. (Middle) <u>Ridgway</u> c. (Last) <u>Ridgway</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 27-1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Feb 7, 1886</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Days <u>8</u> IF UNDER 2 HRS. Hours <u>30</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Higginsville MO</u>		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <u>Frank V. Ridgway</u>	13b. MOTHER'S MAIDEN NAME <u>Esther M. Queen</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Berice Ridgway</u>	ADDRESS <u>Border</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, asthma, 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>Coronary artery thrombosis acute</u>		DUE TO (b) <u>Thromboangitis obliterans with gangrene.</u>		<u>5 min.</u>
DUE TO (c) <u>Arteriosclerosis generalized</u>		DUE TO (b) <u>Thromboangitis obliterans with gangrene.</u>		<u>1 month.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>4201</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)
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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 Sept 28, 1950, to Oct 27, 1950, that I last saw the deceased alive on Oct 27, 1950, and that death occurred at 3:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edwin Wilson, M.D.</u> (Degree or title)	23b. ADDRESS <u>1815 Main Higginsville Mo</u>	23c. DATE SIGNED <u>10/28/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Crema</u>	24b. DATE <u>Oct. 28-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Newcorner Sons</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City MO</u>
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DATE REC'D BY LOCAL REG. <u>Oct. 28-1950</u>	REGISTRAR'S SIGNATURE <u>Clayton W. Landrum</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Meinershagen</u> ADDRESS <u>Higginsville MO</u>
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**RECEIVED** 1/18/50

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 11/8/50

**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 *E. J. Meinershagen* \_\_\_\_\_

Licensed Embalmer No. *1095* \_\_\_\_\_

P. O. Address *Highville, 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.