

FILED NOV 22 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36775**

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

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>5465</u>		Registrar's No. <u>993</u>	
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>3RD N. CAMPBELL RURAL</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>3RD N. CAMPBELL RURAL</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 4 - Box 257</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. 4 Box 257</u>				d. STREET ADDRESS (If rural, give location) <u>Rt. 4 - Box 257</u>			
3. NAME OF DECEASED a. (First) <u>JOHN</u> (Type or Print)			b. (Middle) <u>T.</u>			c. (Last) <u>RIDGE</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 11 1950</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDDED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>18 JULY 1883</u>		9. AGE (In years last birthday) <u>67</u>		10. SEX <u>MALE</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI 0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BUTCHER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MEAT CUTTING</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JAMES RIDGE</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>LENORA RIDGE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>??</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>LENORA RIDGE Rt. 4, Spfld. Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES <u>Mycarditis, Chronic, Partial Compensation.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>4201</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> <u>Unknown</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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>March 1950</u> to <u>Nov 11</u> , 1950, that I last saw the deceased alive on <u>Nov 4</u> , 1950, and that death occurred at <u>8:45 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>James R. Amos, M.D.</u>		23b. ADDRESS <u>Springfield, Mo.</u>		23c. DATE SIGNED <u>11/13/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>NOV. 13-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BRICK CHURCH CEME.</u>		24d. LOCATION (City, town, or county) (State) <u>GREENE Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-13-50</u>		REGISTRAR'S SIGNATURE <u>W.E. Handley M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Klingner & Co.</u>		ADDRESS <u>Springfield, Mo.</u>	

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.

Signed Ogle Stone Jr.

Signed _____
Student Embalmer

Licensed Embalmer No. 4176

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Signature to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.