No. 300
10.48

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

FILED JAN 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1783

BIRTH NO. 75145-50 REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 3

592
1

1. PLACE OF DEATH
a. COUNTY: Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chillicothe,
c. LENGTH OF STAY (In this place): 6 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 208 Samuel Sty.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Livingston
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chillicothe 0592
d. STREET ADDRESS (If rural, give location): 208 Samuel

3. NAME OF DECEASED (Type or Print)
a. (First): Linda
b. (Middle): Lou
c. (Last): Riddle

4. DATE OF DEATH (Month) (Day) (Year): 1 - 10 - 51

5. SEX: Female
6. COLOR OR RACE: White (US)
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: 11-23-50
9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 1 Days: 17 IF UNDER 24 HRS. Hours: Min.:

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

13a. FATHER'S NAME: Herbert LeRoy Riddle
13b. MOTHER'S MAIDEN NAME: Ethel M. Williams
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: H. L. Riddle
ADDRESS: Chillicothe, 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): Pneumonia, Bronchial, Bilateral — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

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 ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 9, 1951, *to* Jan 10, 1951, *that I last saw the deceased alive on* Jan 10, 1951, *and that death occurred at* 9-A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Joseph A. Conrad (Degree or title): M.D.
23b. ADDRESS: Chillicothe, Mo
23c. DATE SIGNED: Jan 12 51

24a. BURIAL, CREMATION, REMOVAL (Specify): Bur.
24b. DATE: 1-14-51
24c. NAME OF CEMETERY OR CREMATORY: Anderson
24d. LOCATION (City, town, or county) (State): Chillicothe, Mo.

DATE REC'D BY LOCAL REG.: 1-12-51
REGISTRAR'S SIGNATURE: Frances B Neill
25. FUNERAL DIRECTOR'S SIGNATURE: Norman Funeral Home
ADDRESS: Chillicothe Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 Joseph M. Gibson

Signed.....
Student Embalmer

Licensed Embalmer No. 4769

P. O. Address Chillicothe, 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.