

FILED APR 2 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9443**Registrar's No. **82**

BIRTH NO. _____		REG. DIST. NO. <b>251</b>		PRIMARY REG. DIST. NO. <b>3048</b>		State File No. <b>9443</b>		Registrar's No. <b>82</b>		
1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Maryville</b>		c. LENGTH OF STAY (in this place) <b>1 day</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		<b>8117</b>				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>2744 Penn</b>						
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b>			b. (Middle) <b>Ross</b>			c. (Last) <b>Riddle</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 22, 1951</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>June 29, 1884</b>		9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>6</b>	IF UNDER 24 HRS. Hours <b>6</b> Min. <b>0</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>salesman</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe Company</b>		11. BIRTHPLACE (State or foreign country) <b>Easton, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>unknown Riddle</b>			13b. MOTHER'S MAIDEN NAME <b>Sarah M. unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Ada Riddle</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>no none</b>			16. SOCIAL SECURITY NO. <b>unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ada Riddle, 2744 Penn, St. Joseph, Mo.</b>					
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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Cardiac Decompensation</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>Coronary Sclerosis</b>							INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs</b> <b>2</b> <b>4201</b>		
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) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		21e. INJURY OCCURRED WHILE AT <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 <b>3/22 1951</b> , to <b>3/22, 1951</b> , that I last saw the deceased alive on <b>3/22, 1951</b> , and that death occurred at <b>4:58 A. m.</b> , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <b>B. F. DeLand M.D.</b>					23b. ADDRESS <b>Maryville Mo</b>			23c. DATE SIGNED <b>3.22-51</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal 4</b>		24b. DATE <b>3/22/1951</b>		24c. NAME OF CEMETERY OR CREMATORY -----		24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>				
DATE REC'D BY LOCAL REG. <b>3-24-51</b>		REGISTRAR'S SIGNATURE <b>Bess Holt</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Heater Bowman</b>		ADDRESS <b>Funeral Home, St. Joseph, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

742

No. 300  
10.48



**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.....

*Eugene Wood*  
Licensed Embalmer No. *3804*

P. O. Address *314 S. 10th St. Joseph*

**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.