

FILED JUL 31 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23356

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, write name of city or township) <del>Jackson</del>		c. LENGTH OF STAY (in this place) 7 ds	
c. CITY (If outside corporate limits, write BURIAL and give township) Buckner - Rural - (Osage) Tex		d. STREET ADDRESS (If rural, give location) 4 mi North 04 1/2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson Co Emg Hospital			
3. NAME OF DECEASED (Type or Print) Eugene A Rider		4. DATE OF DEATH (Month) (Day) (Year) July-16-1951	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 13-1869
9. AGE (in years last birthday) 82		10. MONTHS 6	
11. DAYS 13		12. HOURS _____	
10a. USUAL OCCUPATION (Give kind of work during most of working life, when if retired) Retired School Teacher		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) Jackson Co Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME George Rider		13b. MOTHER'S MAIDEN NAME Elizabeth Rider	
14. NAME OF HUSBAND OR WIFE Maggie Rider			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Maggie Rider		ADDRESS Buckner 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Block ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4500	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <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 7-10, 1951, to 7-16, 1951, that I last saw the deceased alive on 7-16, 1951, and that death occurred at 4:00 p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. C. E. Emsdew		23b. ADDRESS Independence Mo.	
23c. DATE SIGNED _____			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 18-51	
24c. NAME OF CEMETERY OR CREMATORY Oakland Cem		24d. LOCATION (City, town, or county) (State) Independence Rio. Mo.	
DATE REC'D BY LOCAL REG. 7-17-51		REGISTRAR'S SIGNATURE 378 Donald C. Emsdew	
25. FUNERAL DIRECTOR'S SIGNATURE Webb Funeral Home		ADDRESS Blue Springs Mo	

DEC 26 RECD

NOV 19 1961

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 *R B Webb*

Licensed Embalmer No. *2353*

P. O. Address *Blue 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.