

FILED SEP 6 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27940  
Registrar's No. 201

BIRTH NO. _____		REG. DIST. NO. 284		PRIMARY REG. DIST. NO. 4440		Registrar's No. 201			
1. PLACE OF DEATH a. COUNTY Randolph 0882				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph					
b. CITY (If outside corporate limits, write RURAL and give township) Renick		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Renick 0880		d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) W. c. (Last) Ridgway				4. DATE OF DEATH (Month) (Day) (Year) 8/25/51					
5. SEX male 0		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married /		8. DATE OF BIRTH 5/24/1876			
9. AGE (In years last birthday) 75		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Randolph Co Missouri 0			
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME John J. Ridgway		13b. MOTHER'S MAIDEN NAME Martha Ann White		14. NAME OF HUSBAND OR WIFE Nettie Bell Ridgway			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Nettie Bell Ridgway Renick					
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) Bright's Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) atherosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 wks D.K.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 446X			
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 <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 Aug 11, 1951, to Aug 24, 1951, that I last saw the deceased alive on Aug 24, 1951, and that death occurred at 5 p. m., from the causes and on the date stated above.									
23a. SIGNATURE P. Dreyer MD (Degree or title)				23b. ADDRESS Huntsville Mo.		23c. DATE SIGNED 8/28/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/28/51		24c. NAME OF CEMETERY OR CREMATORY Fairview		24d. LOCATION (City, town, or county) (State) 8th of Renick, Missouri			
DATE REC'D BY LOCAL REG. 8-28-51		REGISTRAR'S SIGNATURE [Signature]		FEDERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Moberly			

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

Date Received: SEP 4 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 9-57-1543  
Date Filed: SEP 5 1951

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 Walter E. McMillan

Licensed Embalmer No. 3957

P. O. Address Moberly, Missouri

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.