

FILED NOV 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32437

BIRTH NO.		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 4002		Registrar's No. 295	
1. PLACE OF DEATH a. COUNTY ADAIR				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY ADAIR			
b. CITY (If outside corporate limits, write RURAL and give township) BRASHEAR		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) BRASHEAR 0010		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE							
3. NAME OF DECEASED (Type or Print)		a. (First) WILLIAM		b. (Middle) J.		c. (Last) RIDGE	
4. DATE OF DEATH (Month) (Day) (Year) OCT 22, 1951		5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	
8. DATE OF BIRTH MARCH 26 1898		9. AGE (In years last birthday) 53		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1		11. BIRTHPLACE (State or foreign country) ADAIR CO. MISSOURI	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ENGINEER - G.O. R.C.R.		10b. KIND OF BUSINESS OR INDUSTRY R.T. ENGINEER		11. BIRTHPLACE (State or foreign country) ADAIR CO. MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME G. J. RIDGE		13b. MOTHER'S MAIDEN NAME CORDA EAGLE		14. NAME OF HUSBAND OR WIFE ROSA CUPP RIDGE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ROSA CUPP RIDGE BRASHEAR MO.			
18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of right hip from fall Oct 13, 51				INTERVAL BETWEEN ONSET AND DEATH 6	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Congestive cardiac failure 1950				DUE TO (b) _____	
		DUE TO (c) _____				E9030	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 001 20				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Brashear Adair Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10 13 51 6:00		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell while going to toilet.			
22. I hereby certify that I attended the deceased from Oct 13, 1951 , to October 22, 1951 , that I last saw the deceased alive on Oct 22, 1951 , and that death occurred at 5:30 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE Wm. W. Elphinstone				23b. ADDRESS D.O. 110 W La Fayette St. Edina,		23c. DATE SIGNED 10/24/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE OCT-25, 1951		24c. NAME OF CEMETERY OR CREMATORY BRASHEAR		24d. LOCATION (City, town, or county) (State) BRASHEAR MO.	
DATE REC'D BY LOCAL REG. 10-31-51		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sho. Hasky, J. Herdland Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: NOV 6 1951
DISTRICT HEALTH OFFICE #2
District File Number 11-57-1969
Date Filed: NOV 8 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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Geo B. Early Jr.

Signed
Student Embalmer

Licensed Embalmer No. *3755-99*

P. O. Address *Stuidland Me*

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.