

STANDARD CERTIFICATE OF DEATH

State File No. **32838**DECEASED **1951**

BIRTH NO.

REG. DIST. NO. **53**PRIMARY REG. DIST. NO. **3010**Registrar's No. **343**

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If outside Missouri, give State and County) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		c. CITY (If outside corporate limits, give RURAL and give township) Cape Girardeau	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) Advance, Mo. 1030	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cape Osteopathic Inst.			
3. NAME OF DECEASED (Type or Print) a. (First) ELZIE b. (Middle) LEE c. (Last) RIDINGS		4. DATE OF DEATH (Month) (Day) (Year) Oct-9-1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Sept-9-1902
10a. USUAL OCCUPATION (Give kind of work dominating most of working life, even if retired) Factory		10b. KIND OF BUSINESS OR INDUSTRY Store	9. AGE (In years) (Last birthday) 49 Months 10 Days 0
11. BIRTHPLACE (State or foreign country) Bellinger Co. Mo.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME James Collins Ridings		13b. MOTHER'S MAIDEN NAME Jeddia Bell White	
14. NAME OF HUSBAND OR WIFE Sarah Phades Ridings			
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. 499-30-0874	
17. INFORMANT'S SIGNATURE OR NAME Sarah Phades Ridings		ADDRESS Advance, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congestive Heart Failure DUE TO (c) Myocardia Decompensation II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4222	
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) (Min.)		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 Sept , 19 49 , to 9 Oct , 19 51 , that I last saw the deceased alive on 9 Oct , 19 51 , and that death occurred at 7 P.M. , from the causes, and on the date stated above.			
23a. SIGNATURE H. Merrill		23b. ADDRESS Advance, Mo.	
23c. DATE SIGNED 13 Oct 51			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 10/17/51	
24c. NAME OF CEMETERY OR CREMATORY Mervant Memorial Park		24d. LOCATION (City, town, or county) (State) Advance, Mo.	
DATE REC'D BY LOCAL REG. 10-15-51		REGISTRAR'S SIGNATURE C. C. Summers	
25. FUNERAL DIRECTOR'S SIGNATURE Floyd S. Morgan		ADDRESS Advance, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

0164
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RECEIVED

OCT 22 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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 _____

Lloyd S. Morgan

working under my personal supervision.

Student Embalmer No.....

Signed.....

Lloyd S. Morgan

Signed.....

Student Embalmer

Licensed Embalmer No. *3361*

P. O. Address *Advance Md.*

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.