No. 200
10.48

FILED DEC 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41306

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1038-A

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield, Mo.
c. LENGTH OF STAY (In this place): 3 hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST John's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ash Grove
d. STREET ADDRESS (If rural, give location): West Part of Town

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Ray
c. (Last): Riddle

4. DATE OF DEATH (Month) (Day) (Year): Dec 4 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 10, 1863
9. AGE (In years last birthday): 88 — If under 1 year: Months ____ Days 24 — If under 24 hrs.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own farm
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Riddle
13b. MOTHER'S MAIDEN NAME: Ann Brown
14. NAME OF HUSBAND OR WIFE: Mary Riddle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Miss Annie Riddle — **ADDRESS**: Ash Grove

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

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 ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-24, 1951, *to* 12-3, 1951, *that I last saw the deceased alive on* Dec 3, 1951 *and that death occurred at* 3:A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Homer C. Marshall, MD
23b. ADDRESS: Professional Bldg
23c. DATE SIGNED: 12-11-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 6, 1951
24c. NAME OF CEMETERY OR CREMATORY: Ash Grove Cemetery
24d. LOCATION (City, town, or county) (State): Ash Grove, Mo.

DATE REC'D BY LOCAL REG.: 12-12-51
REGISTRAR'S SIGNATURE: Faith Williamson, Deputy Registrar
25. FUNERAL DIRECTOR'S SIGNATURE: H O Birch
ADDRESS: Ash Grove Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 12 1957

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 Richard E Watts

Licensed Embalmer No. #4652

P. O. Address Ash Grove, 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.