

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3675

State File No.

FILED FEB 6 1952

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 3075 Registrar's No. 7

031

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

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| 1. PLACE OF DEATH a. COUNTY <u>Stoddard</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter,</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter,</u> <u>1031</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |

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|-------------------------------------|-----------------------|------------------------|------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Ida</u> | b. (Middle) <u>May</u> | c. (Last) <u>Ridge</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 22, 1952</u> |
|-------------------------------------|-----------------------|------------------------|------------------------|---|

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|----------------------|-------------------------------|---|--------------------------------------|---|------------------------|-----------------------|-----------------------|
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>May 11, 1879</u> | 9. AGE (In years last birthday) <u>72</u> | IF UNDER 1 YEAR Months | IF UNDER 6 HRS. Hours | IF UNDER 15 MIN. Min. |
|----------------------|-------------------------------|---|--------------------------------------|---|------------------------|-----------------------|-----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>housekeeper</u> | 11. BIRTHPLACE (State or foreign country) <u>Leora, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>John Noce</u> | 13b. MOTHER'S MAIDEN NAME <u>Ellen Hilderman</u> | 14. NAME OF HUSBAND OR WIFE <u>Deceased</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>X X</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>X Vader Ridge Dexter, Mo.</u> |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 hr</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Heart Failure</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Regenerative</u> DUE TO (c) <u>myocardial</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4222</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| | | |
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| 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? |
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22. I hereby certify that I attended the deceased from July, 1950, to Jan 22, 1952 that I last saw the deceased alive on 1-21-, 1952, and that death occurred at 4 1/2 m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>L. S. Davis, M.D.</u> (Degree or title) | 23b. ADDRESS <u>Dexter, Mo.</u> | 23c. DATE SIGNED <u>1-22-52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>1-23-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Nations cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Leora, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>1-28-52</u> | REGISTRAR'S SIGNATURE <u>Delora W. Link</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Watkins Funeral Ser. Dexter, Mo.</u> |
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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.....
Student Embalmer

Signed *Walter Marsh Watkins*.....

Licensed Embalmer No. *4717*.....

P. O. Address *Dexter, 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.