

S. No. 300  
V. 10.46

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12090**

FILED MAY 12 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 493

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>2518 South 22nd St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2518 South 22nd St.</u>		e. STREET ADDRESS (If rural, give location) <u>2518 South 22nd St.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ELIZA</u>	b. (Middle) <u>E.</u>	c. (Last) <u>RIDGE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 29, 1952</u>
-------------------------------------	-------------------------	-----------------------	------------------------	---

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>Sept 5, 1877</u>	9. AGE (In years) (Month) (Day) (Year) <u>74</u>	10. IF UNDER 18 HRS. <u>None</u>
----------------------	-------------------------------	---	--------------------------------------	--	----------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Agency, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	---	---	---

13a. FATHER'S NAME <u>Hiram K. Snyder</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Miller</u>	14. NAME OF HUSBAND OR WIFE <u>Benjamin Ridge (de)</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert Ridge, 2518 So. 22nd St. City</u>	ADDRESS
--	-------------------------------------	---	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Arteriosclerosis</u>		Unknown
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes Mellitus</u> 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 <u>260x</u>	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) (Minute)	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 July, 1949 to Apr 29, 1952, that I last saw the deceased alive on Apr 29, 1952, and that death occurred at 11:20P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Clement C. Casper</u>	23b. ADDRESS <u>St Joseph Mo</u>	23c. DATE SIGNED <u>5-7-52</u>
---	----------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-2-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Agency Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Agency, Missouri</u>
---	-------------------------	---	---

DATE REC'D BY LOCAL REG. <u>May 9, 1952</u>	REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>	FUNERAL DIRECTOR'S SIGNATURE <u>John E. Stupp</u>	ADDRESS <u>St Joseph, Mo</u>
---	---	---	------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

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 *John E. Rupp* .....

Licensed Embalmer No. *3986* .....

P. O. Address *St. Joseph, 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.