

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13897

State File No. ....  
Registrar's No. 927

APR 29 1952

BIRTH NO. .... REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>	
b. CITY OR TOWN <b>Moberly</b>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>Moberly</b>	0883
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Woodland Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>722 Cleveland</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Eula</b>	b. (Middle) <b>Lee</b>	c. (Last) <b>Ridgeway</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>4/18/52</b>
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5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>1/2/1896</b>	9. AGE (In years last birthday) <b>56</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hour	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Ray County Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Geo. F. Settle</b>	13b. MOTHER'S MAIDEN NAME <b>Nancy Settle</b>	14. NAME OF HUSBAND OR WIFE <b>Joe C. Ridgeway</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Joe C. Ridgeway</b> ADDRESS <b>Moberly, Missouri</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute Coronary thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 weeks</b>
	ANTECEDENT CAUSES Morbidity 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. <b>Diabetes Mellitus</b>		

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>	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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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 **Mar 15, 1952**, to **April 18, 1952** that I last saw the deceased alive on **April 17, 1952**, and that death occurred at **5 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. H. Long, Jr. M.D.</b> (Degree or title)	23b. ADDRESS <b>Moberly, Mo.</b>	23c. DATE SIGNED <b>April 1952</b>
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24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4/20/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Chapel Grove</b>	24d. LOCATION (City, town, or county) (State) <b>Clark Missouri</b>
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DATE REC'D BY LOCAL REG. <b>4-20-52</b>	REGISTRAR'S SIGNATURE <b>Earl Williams</b>	FUNERAL DIRECTOR'S SIGNATURE <b>W. H. Long, Jr.</b> ADDRESS <b>Moberly, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Marian E. Millian*

Licensed Embalmer No. 3957

P. O. Address Moberly, Missouri

**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.