

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19614

State File No. 43-15338
Registrar's No. 266

FILED JUN 20 1952

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>5135</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>			2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Ash Hill Twp.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Qulin, Rte. 2</u>		
b. CITY OR TOWN <u>Rural-Ash Hill Twp.</u>			c. LENGTH OF STAY (in this place) <u>34 yrs.</u>		
c. CITY OR TOWN <u>Rural-Ash Hill Twp.</u>			d. STREET ADDRESS (If rural, give location) <u>Qulin, Rte. 2</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>RIDDLE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 8 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Oct. 4, 1879</u>		9. AGE (in years last birthday) <u>72</u>		10. MONTH <u>8</u> DAY <u>4</u> HOUR <u>1</u> MIN. <u>0</u>	
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 _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Andy Craft</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Cooper</u>	
14. NAME OF HUSBAND OR WIFE <u>G. A. Riddle</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Bertha Earp</u>		17. ADDRESS <u>Qulin, Mo. Rte. 2</u>		18. CAUSE OF DEATH	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular Disease</u> DUE TO (c) <u>General Arteriosclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>minutes -</u> <u>5 years +</u> <u>?</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>443X</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) _____		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 <u>July</u> , 19 <u>47</u> , to <u>March 2nd</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>March 2nd</u> , 19 <u>52</u> , and that death occurred at <u>5 A.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Wallace Belay M.D.</u>			23b. ADDRESS <u>Campbell Mo.</u>		23c. DATE SIGNED <u>6/10/52</u>
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 10, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Malden, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. Johnson</u>		25. ADDRESS <u>Landess Funeral Home, Campbell, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-10-52</u>		REGISTRAR'S SIGNATURE _____		25. ADDRESS _____	

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

RECEIVED
JUN 18 1952
BUTLER CO. HEALTH CENTER
FILE No. 653-300

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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.