

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42407**
5296

FILED DEC 26 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1002</u>	Registrar's No. _____
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>42 mo</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City 3-138</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Menard Hospital</u>		d. STREET ADDRESS <u>2844 Harrison</u> <u>2823 Campbell</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Otis</u>		b. (Middle) <u>E.</u>	c. (Last) <u>Ridgway</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>12-3-52</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>D.</u>	8. DATE OF BIRTH <u>Nov 6, 1883</u>	9. AGE (In years last birthday) Months Days <u>65</u> <u>69</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auto Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Garage</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Geo W. Ridgway</u>		13b. MOTHER'S MAIDEN NAME <u>Lena King</u>	14. NAME OF HUSBAND OR WIFE <u>Georgia Ridgway</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or type of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Thompson</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Central Insufficiency</u> DUE TO (c) <u>congestive Heart Failure</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Drooping limbs</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9</u> <u>33 1/2</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) <u>Kansas City Jackson Co. Mo.</u>		
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? <u></u>	
22. I hereby certify that I attended the deceased from <u>Dec 3, 1952</u> , to <u>Dec 3, 1952</u> , that I last saw the deceased <input checked="" type="checkbox"/> alive on <u>Dec 3, 1952</u> , and that death occurred at <u>9:00 P</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>John B. Lapp</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1314 Professional Bldg</u>		23c. DATE SIGNED <u>Dec 4-52</u>
24a. BURIAL (CREMATION) (Removal of body)	24b. DATE <u>Dec 4, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Merber Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-4-52</u>	REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilton A. Kopy</u>	
		ADDRESS <u>Anders Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

no 9335

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 _____

Licensed Embalmer No. 4225

P. O. Address Indep. 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.