

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

518

State File No. ....

FILED JAN 12 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 4067 Registrar's No. 2

0140  
1

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

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Callaway</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>AUXVASSE</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>AUXVASSE</u>  |  |
| c. LENGTH OF STAY (In this place) <u>1 YR.</u>   |  | d. STREET ADDRESS (If rural, give location)   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence Auxvasse</u>                            |  |   |  |

|                                     |                          |                            |                           |   |
|-------------------------------------|--------------------------|----------------------------|---------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>ROBERT</u> | b. (Middle) <u>BILFORD</u> | c. (Last) <u>McRIBBEN</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 2 1953</u> |
|-------------------------------------|--------------------------|----------------------------|---------------------------|---|

|                    |                               |   |                                      |   |                        |                      |                       |                       |
|--------------------|-------------------------------|---|--------------------------------------|---|------------------------|----------------------|-----------------------|-----------------------|
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | 8. DATE OF BIRTH <u>JAN 13, 1892</u> | 9. AGE (In years last birthday) <u>80</u> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 HRS. Hours | IF UNDER 1 HRS. Mins. |
|--------------------|-------------------------------|---|--------------------------------------|---|------------------------|----------------------|-----------------------|-----------------------|

|  |   |   |  |
|--|---|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>DRUGGIST</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>WELLSVILLE Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA.</u> |
|--|---|---|--|

|  |   |                                      |
|--|---|--------------------------------------|
| 13a. FATHER'S NAME <u>JAMES McRIBBEN</u> | 13b. MOTHER'S MARDEN NAME <u>MARY PADEN</u> | 14. NAME OF HUSBAND OR WIFE <u>?</u> |
|--|---|--------------------------------------|

|   |                                  |   |                            |
|---|----------------------------------|---|----------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>?</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>?</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mayme Peyton</u> | ADDRESS <u>Auxvasse Mo</u> |
|---|----------------------------------|---|----------------------------|

|   |  |             |   |
|---|--|-------------|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION  |             | INTERVAL BETWEEN ONSET AND DEATH<br><u>5 hrs.</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Failure</u>   |             |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Myocardial Regeneration</u><br>DUE TO (c) _____ |             |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  | <u>4222</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) |
|--|--|---|

|   |  |                            |
|---|--|----------------------------|
| 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? |
|---|--|----------------------------|

22. I hereby certify that I attended the deceased from Nov. 6, 1952 to Jan 2, 1953, that I last saw the deceased alive on Jan 2, 1953, and that death occurred at 8:20 A.M., from the causes and on the date stated above.

|  |                                 |                                |
|--|---------------------------------|--------------------------------|
| 23a. SIGNATURE <u>R. H. Blomman</u> (Degree or title) <u>MD.</u> | 23b. ADDRESS <u>Auxvasse Mo</u> | 23c. DATE SIGNED <u>1-2-53</u> |
|--|---------------------------------|--------------------------------|

|   |                              |   |  |
|---|------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>JAN 4, 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>WELLSVILLE CEMETERY</u> | 24d. LOCATION (City, town, or county) (State) <u>WELLSVILLE Mo</u> |
|---|------------------------------|---|--|

|  |  |  |                         |
|--|--|--|-------------------------|
| DATE REC'D BY LOCAL REG. <u>Jan 3-1953</u> | REGISTRAR'S SIGNATURE <u>Martha Lawrence</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Maupin Fun &amp; Bur Co.</u> | ADDRESS <u>Auxvasse</u> |
|--|--|--|-------------------------|

OCT 6 1953

FEB 6 1958

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 J. D. Rastor  
Licensed Embalmer No. 2555  
P. O. Address Fulton 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.