

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15089**

FILED APR 28 1953

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 4345 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Matthews, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Matthews, Mo 0770	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D.#1		d. STREET ADDRESS (If rural, give location) R.F.D.#1	

3. NAME OF DECEASED (Type or Print) a. (First) Ella b. (Middle) Ridgeway c. (Last) Ridgeway			4. DATE OF DEATH (Month) (Day) (Year) 4 12 1953		
5. SEX F	6. COLOR OR RACE C	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 8/10/90	9. AGE (in years last birthday) 63	IF UNDER 1 YEAR Months 8 Days 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (City and State or Foreign Country) Ark		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Williams	13b. MOTHER'S MAIDEN NAME Fannie Dinwiddie	14. NAME OF HUSBAND OR WIFE Kirk Ridgeway
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Kirk Ridgeway Rt#1 Matthews, Mo	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of cervix and uterus.		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 171x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 9-29-52, to 4-4-53, 1953, that I last saw the deceased alive on 4-4 1953, and that death occurred at 3:50 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Alden Sargent M.D.	23b. ADDRESS Sikeston, Missouri	23c. DATE SIGNED 4-14-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/19/53	24c. NAME OF CEMETERY OR CREMATORY Sun Set Cemetery	24d. LOCATION (City, town, or county) (State) Sikeston, Mo
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DATE REC'D BY LOCAL REG. 4-25-53	REGISTRAR'S SIGNATURE Nelaw Louie Jones	25. JUDICIAL DIRECTOR'S SIGNATURE Wm Jones	ADDRESS Sikeston, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

1720
1

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 Allerton

Licensed Embalmer No. 2941

P. O. Address Shelton, 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.