

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36671

State File No.

NOV 9 - 1953

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 215

1. PLACE OF DEATH

a. COUNTY Nodaway Co.

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville

c. LENGTH OF STAY (in this place) 4 days

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Frances Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Mo. b. COUNTY Gentry

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN King City

d. STREET ADDRESS (If rural, give location) 380 /

3. NAME OF DECEASED (Type or Print)

a. (First) Madison b. (Middle) F. c. (Last) Riddle

4. DATE OF DEATH (Month) (Day) (Year) 10.20.1953

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH 11.5.1867

9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months 11 Days 15 IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired

10b. KIND OF BUSINESS OR INDUSTRY farmer

11. BIRTHPLACE (State or foreign country) Clinton Co. Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Madison F. Riddle

13b. MOTHER'S MAIDEN NAME Axie Deakon

14. NAME OF HUSBAND OR WIFE Ella Riddle

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 ADDRESS A.H. Campbell King City Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *Arteriosclerotic heart disease*

ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS *Senility*

INTERVAL BETWEEN ONSET AND DEATH 6 mo

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 10/10, 1953, to 10.20.1953, that I last saw the deceased alive on 10, 1953, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE *H.C. Bauman* (Degree of title) M.D.

23b. ADDRESS *1 Maryville Mo.*

23c. DATE SIGNED 11-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 10.22.1953

24c. NAME OF CEMETERY OR CREMATORY Fairport

24d. LOCATION (City, town, or county) (State) Fairport Mo.

DATE REC'D BY LOCAL REG. 11-7-53

REGISTRAR'S SIGNATURE *Gess Holt*

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS *R.G. Taggart King City Mo.*

(Licensed Embalmer's Statement on Reverse Side)

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

MS OCT 31 1969

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 R. G. Taggart

Licensed Embalmer No. 2563

P. O. Address King City 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.