

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43967

State File No.

FILED JAN 5 1954

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3057 Registrar's No. 99

0891

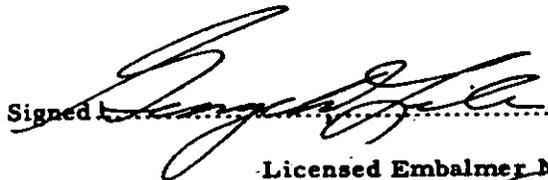
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY OR TOWN <u>Richmond</u>		c. LENGTH OF STAY (in this place) <u>80 years</u>	c. CITY OR TOWN <u>Richmond</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>502 East Main</u>		e. STREET ADDRESS (If rural, give location) <u>215 South Shaw</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY ALICE JANE</u>		b. (Middle) <u>Ribby</u>	c. (Last) <u>Ribby</u>
4. DATE OF DEATH <u>December 28, 1953</u>		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>December 16, 1868</u>		9. AGE (in years last birthday) <u>85</u> IF UNDER 1 YEAR Months <u>0</u> IF UNDER 24 HRS. Days <u>12</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Ray County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Sam Painter</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Lee</u>	
14. NAME OF HUSBAND OR WIFE <u>Tom Ribby</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, never unknown) (If yes, give year or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dr. E. Q. Renner</u> ADDRESS <u>Richmond, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio Vascular Disease</u> ANTECEDENT CAUSES DUE TO (b) <u>High cholesterol</u> DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 _____	
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>Ray County, Missouri</u>	
21d. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY _____		21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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>1/15/1940</u> , to <u>12/28/1953</u> , that I last saw the deceased alive on <u>12/28/1953</u> , and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Dr. E. Q. Renner</u> (Degree or title)		23b. ADDRESS <u>Richmond, Mo</u>	
23c. DATE SIGNED <u>1/2/54</u>		24a. BURIAL; CREMATION; REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>1/31/1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Richmond, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Maluel Jackson</u> ADDRESS <u>Richmond, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan 3-1954</u>		REGISTRAR'S SIGNATURE <u>Maluel Jackson</u> 273	

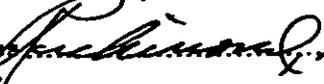
STATEMENT BY LICENSED EMBALMER

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
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 4066

P. O. Address 

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.