

FILED JUL 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21223

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 707

1. PLACE OF DEATH a. COUNTY <u>Buchanan</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 town) <u>St. Joseph</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>39yrs3mos23da</u>		d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #2</u>		e. STREET ADDRESS (If rural, give location) <u>1106 Cherry St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOLA</u>		b. (Middle) <u>MARY</u>	
c. (Last) <u>RIDGE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 13, 1955</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Jan 8, 1882</u>	
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurse</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Nursing</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Hannibal, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Benjamin Ridge</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Doris Bridewed</u>	
14. NAME OF HUSBAND OR WIFE <u>none</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (No, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>May Ridge, 747 So. Union Ave., Los Angeles, Calif.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Chronic</u>	
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) <u>Arteriosclerosis</u>		10 yrs +	
DUE TO (c) <u>Psychotic</u>		6 yrs	
II. OTHER SIGNIFICANT CONDITIONS		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION		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) (m.)		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 <u>Sept 6, 1951</u> , to <u>July 13, 1955</u> , that I last saw the deceased alive on <u>July 12, 1955</u> , and that death occurred at <u>5:10A</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Deduce or title) <u>G.E. Crossins M.D.</u>		23b. ADDRESS <u>State Hospital #2, St. Joseph, Mo.</u>	
23c. DATE SIGNED <u>7-13-1955</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial & Re.</u>	
24b. DATE <u>July 13, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		DATE REC'D BY LOCAL REG. <u>July 18, 1955</u>	
REGISTRAR'S SIGNATURE <u>Gather M. Allison</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W. Kelly Ogler</u>	
ADDRESS <u>K.C. Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 25 1955

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.....
YES

P. O. Address..... ICC

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.