

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 10 1956

STATE FILE NUMBER 27766

Registration District No. 25 Primary Registration District No. 5880 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY OSAGE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY OSAGE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Belle-Mo. RD Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Belle Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway #89 Length of stay in 1b		d. STREET ADDRESS (If outside, give location) RD #1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Rudolph WARREN Ridenhour First Middle Last			4. DATE OF DEATH Aug-29-1956 Month Day Year		
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb-3-1945		
9. AGE (In years last birthday) 10 Months 6 Days 26		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student			
11. BIRTHPLACE (City and state or country) FARAGUT-IDAHO		12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME Rudolph-W. Ridenhour		14. MOTHER'S MAIDEN NAME CAROLE P. Mingo			
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. ---			
17. INFORMANT Rudolph-W. Ridenhour Address Belle, Mo		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) The result of being run over on highway # 89 by a loaded gravel truck. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 8/60 DUE TO (c) Instant PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 26		INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Two trucks collided, causing child to be thrown out of one of the trucks.			
20c. TIME OF INJURY Hour, Month, Day, Year a. m. p. m. 3:30 p		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Hiway #89		20f. CITY, TOWN, OR LOCATION Belle Osage - Mo COUNTY STATE			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 3:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Clyde Maston - Coroner		22b. ADDRESS Mo			
22c. DATE SIGNED 8/30/56					
23a. BURIAL PREFERENCE REMOVED (Specify)	23b. DATE 9-1-56	23c. NAME OF CEMETERY OR CREMATORY SACRED HEART	23d. LOCATION (City, town, or county) (State) Rich Fountain - Mo		
24. FUNERAL DIRECTOR Clyde Maston ADDRESS Mo		25. DATE RECD. BY LOCAL REG. 9 EN 4-1956			
		26. REGISTRAR'S SIGNATURE T. A. ...			

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..... *Vernon Morton*

Licensed Embalmer No. *41*

P. O. Address... *Linn*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.