

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25677

State File No.

FILED AUG 8 1957

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 4410 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. James		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. James d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION None		e. STREET ADDRESS (If rural, give location) 0870	

3. NAME OF DECEASED (Type or Print) a. (First) Jessie b. (Middle) Bell c. (Last) Riddle			4. DATE OF DEATH (Month) (Day) (Year) August 1 1957		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH Nov 22, 1891		9. AGE (In years last birthday) 65		10. IF UNDER 1 YEAR (Month) (Day) (Year) 8 10	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME W.W. Thompson		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE David	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) no		17. INFORMANT'S SIGNATURE OR NAME Robert Rivers, St. James, Missouri	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH Unknown
		ANTECEDENT CAUSES Morbidity 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. Chronic Lupus Erythematosus			unknown

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4500		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from Aug 3, 1957, to Aug 3, 1957, that I last saw the deceased alive on Aug 3, 1957, and that death occurred at 11:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Samuel C. Boyney M.D.		23b. ADDRESS Stricker Clinic		23c. DATE SIGNED Aug 3/1957	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 6 - 1957		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis	

DATE REC'D BY LOCAL REG. 8-4-57		REGISTRAR'S SIGNATURE Reub B. Powell		25. FUNERAL DIRECTOR'S SIGNATURE Heese Park - St. James Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

477

RECEIVED

Phelps County Health Officer,

County File Number 183

Date Filed Aug 7, 1957

AUG 21 1957

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 W. J. Gahr

Licensed Embalmer No. 4486

P. O. Address St. James

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.