

pt. Health,
, & Welfare
S. Public
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FILED JAN 2 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43969
STATE FILE NUMBER

Registration District No. 114 Primary Registration District No. 4186 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SULLIVAN</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>SULLIVAN 0361</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>NORTHSIDE</u>		Length of stay in 1b <u>2 WKS</u>	d. STREET ADDRESS (If outside, give location) <u>416 E. ELM ST.</u>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>LENORA</u> Middle <u>RIDENHOUR</u> Last <u>RIDENHOUR</u>			4. DATE OF DEATH Month <u>DEC.</u> Day <u>27</u> Year <u>1957</u>		
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5. SEX <u>1</u> <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MARCH 5, 1886</u>	9. AGE (In years last birthday) <u>71</u>	10. UNDER 1 YEAR Months <u>9</u> Days <u>22</u>	11. UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (City and state or country) <u>STRAIN, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>JOHN STRAIN</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA SCHMIDT</u>		14. NAME OF HUSBAND OR WIFE <u>JAMES LOGAN RIDENHOUR</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT <u>OLIN RIDENHOUR</u> Address <u>SULLIVAN, MO.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 Days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Myocardial Decompensation</u>			<u>2 WEEKS</u>
	DUE TO (c) <u>Arterial Insufficiency</u>			<u>YEARS</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4211</u>			19. WAS AUTOPSY PERFORMED? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

20a. ACCIDENT <input 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.) <u></u>	
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	20f. CITY, TOWN, OR LOCATION <u></u>	COUNTY <u></u> STATE <u></u>
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21. I attended the deceased from December 14, 1957 to Dec 27, 1957 and last saw her alive on Dec 26, 1957
Death occurred at 520 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Robert McLaughlin Sr</u> (Degree or title)	22b. ADDRESS <u>Sullivan, Missouri</u>	22c. DATE SIGNED <u>Dec 29, 57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>DEC. 29, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SCHMIDT CEM.</u>	23d. LOCATION (City, town, or county) (State) <u>STRAIN MO.</u>
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24. FUNERAL DIRECTOR <u>AMELTON</u>	ADDRESS <u>SULLIVAN, MO.</u>	25. DATE RECD. BY LOCAL REG. <u>12.29.57</u>	26. REGISTRAR'S SIGNATURE <u>James A. Humphrey</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 HARRISON W. EATON, Student Embalmer No. 555..... working under my personal supervision.

Student Harrison W. Eaton
Signature of Student Embalmer

Signed J. A. Humphrey

Licensed Embalmer No. 4772.....

P. O. Address Fullerton, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.