

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028037

STATE FILE NUMBER

FILED JUL 28 1958 Registration District No. 374 Primary Registration District No. 4550 Registrar's No. 31

Health & Welfare  
Public Service  
300  
1-57  
All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY <u>Worth</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sheridan</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>1130 Sheridan</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb <u>8 Hours</u>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Gilbert Russell Ridenour</u>			4. DATE OF DEATH Month Day Year <u>July 14 1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>January 20 1899</u>
9a. AGE (In years last birthday) <u>59</u>		9b. UNDER 1 YEAR Months Day Hours <u>5 24</u>	9c. UNDER 24 HRS. Hours Min. <u>0 0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming Stock &amp; grain</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Page County Iowa</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Charles Ridenour</u>	
13b. MOTHER'S MAIDEN NAME <u>Cora Woldruff</u>		14. NAME OF HUSBAND OR WIFE <u>Melody Ridenour</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>479-03-3777</u>	17. INFORMANT Address <u>Melody Ridenour Sheridan 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>Rupture of Rt Lung, rt pulmonary vessels, multiple fractures of ribs</u> DUE TO (b) <u>Crush injury of upper Rt chest from accident described below.</u> DUE TO (c) <u>9123 3</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>None</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) <u>Tractor he was driving turned into loaded <sup>freight</sup> car of wheat he was pulling, when chain wrapped around axle of tractor</u>		
20c. TIME OF INJURY Hour Month, Day, Year <u>@ 8 p.m. July 14 1958</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>on RR siding near grain elevator</u>	20e. CITY, TOWN, OR LOCATION <u>Sheridan</u>	COUNTY STATE <u>Worth Mo</u>
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>@ 8 P</u> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Frank P. Matthews M.D.</u>		22b. ADDRESS <u>Grant City, Mo</u>	22c. DATE SIGNED <u>7-17-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	23b. DATE <u>7-17-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memory cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Page County Iowa</u>
24. FUNERAL DIRECTOR ADDRESS <u>Floyd E. Shuman Bedford Iowa</u>		25. DATE RECD. BY LOCAL REG. <u>July 17 1958</u>	26. REGISTRAR'S SIGNATURE <u>Leta E. Dawson</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MS  
OCT 7  
1937

### 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 ..... Me ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Floyd Edrum

Licensed Embalmer No. 2381-10  
P. O. Address Bedford

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.