Health, & Welfare Public Service

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S. 300
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-032026
STATE FILE NUMBER

FILED SEP 22 1958 Registration District No. 61 Primary Registration District No. 52-36 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Cedar b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN El Dorado Springs — Inside Limits Yes ☒ No ☐ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION First Street — Length of stay in Ib	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cedar c. CITY OR TOWN El Dorado Springs — Inside Limits Yes ☒ No ☐ d. STREET ADDRESS (If outside, give location) Frist Street — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Olivie; Middle: ; Last: Riddell				4. DATE OF DEATH Month: Sept. Day: 20, Year: 1958	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH: Sept. 21, 1870	9. AGE (In years last birthday): 87	IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (City and state or country): Charlton Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME: James W. Stewart	13b. MOTHER'S MAIDEN NAME: Francis Llewellyn	14. NAME OF HUSBAND OR WIFE: W.R. Riddell			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: -	17. INFORMANT: Marie Riddell, ElDorado Springs, Mo			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Pressure on spinal nerves

DUE TO (c) Osteoporosis 733X

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 ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8/1/58, to 9/20/58 and last saw her alive on 9/20/58

Death occurred at 9:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Allen R. Babcock M.D. — 22b. ADDRESS 211 N. Kirk. Edl. Spgs. — 22c. DATE SIGNED 9/20/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal — 23b. DATE 9-20-1958 — 23c. NAME OF CEMETERY OR CREMATORY — 23d. LOCATION (City, town, or county) (State) Mendon, Mo.

24. FUNERAL DIRECTOR ADDRESS Gwinn-Carothers, ElDorado Spgs. Mo. — 25. DATE RECD. BY LOCAL REG. 9-20-58 — 26. REGISTRAR'S SIGNATURE George W. Hafner

(Licensed Embalmer's Statement on Reverse Side)

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 Max W. Dickering

Licensed Embalmer No. 4696

P. O. Address El Dorado Ky

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.