

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032254
STATE FILE NUMBER

Registration District No. 104 Primary Registration District No. 5418 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Malden</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Malden</u> <u>0350</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rt. 2</u>		Length of stay in lb <u>5 years</u>	d. STREET ADDRESS <u>Rt. 2</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Easter</u> Middle <u>Jane</u> Last <u>Riddell</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>5</u> Year <u>1958</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 15, 1886</u>	9. AGE (In years, first birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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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>Home</u>	11. BIRTHPLACE (City and state or country) <u>Mt. Judea, Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Freeman</u>	13b. MOTHER'S MAIDEN NAME <u>Zura Freeman</u>	14. NAME OF HUSBAND OR WIFE <u>deceased</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>O.L. Riddell</u> Address <u>Malden, Mo. Rt. 2</u>
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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>Respiratory Collapse</u>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <u>Cerebrovascular accident</u>		
DUE TO (c) <u>arteriosclerosis</u> <u>331X</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 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.)
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20c. TIME OF INJURY Hour <u>4:40</u> Month <u>8</u> Day <u>6</u> Year <u>58</u> a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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.)	20f. CITY, TOWN, OR LOCATION <u>Mt. Judea</u>	COUNTY <u>Arkansas</u>	STATE
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21. I attended the deceased from <u>8-6-58</u> to <u>9-5-58</u> and last saw her alive on <u>9-3-58</u> Death occurred at <u>4:40</u> P. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>A. E. Jones</u> (Degree or title) <u>D.D. 2</u>	22b. ADDRESS <u>117 S. Walnut, Dexter</u>	22c. DATE SIGNED <u>9-17-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>9-7-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Judea</u>	23d. LOCATION (City, town, or county) (State) <u>Mt. Judea, Arkansas</u>
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24. FUNERAL DIRECTOR <u>Duffie Keiney</u> ADDRESS <u>Barnie, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>9-22-58</u>	26. REGISTRAR'S SIGNATURE <u>J. D. Johnson</u>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57

7
0

COUNTY FILE NUMBER 858 - 244

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 *Raymond L. Duffie*

Licensed Embalmer No. *4798*

P. O. Address *Berne, 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.