

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-023958

STATE FILE NUMBER

FILED JUN 29 1959 Registration District No. 371 Primary Registration District No. 4541 Registrar's No. 10

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>WEBSTER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>WEBSTER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>FORDLAND</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>FORDLAND</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>HOME</b>		Length of stay in lb <b>7yrs</b>	d. STREET ADDRESS (If outside, give location) <b>1120</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>FINNIS ASBURY Riddle</b>			4. DATE OF DEATH Month Day Year <b>JUNE 17 1959</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April-14-1873</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>86</b> 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) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>BARRY CO MO</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>		13a. FATHER'S NAME <b>Wesley Riddle</b>	
13b. MOTHER'S MAIDEN NAME <b>Terry</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Mr. Earnest Riddle Fordland, mo</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Myocardial Failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Chronic myocarditis</b> DUE TO (c) <b>Hypertension - arterio-sclerosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>443x</b>
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. Attended the deceased from <b>Sept 10, 1950</b> to <b>June 17, 59</b> and last saw him alive on <b>June 16, 59</b> Death occurred at <b>6:30 a.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>D. R. Schlicht, M.D.</b> (Degree or title)		22b. ADDRESS <b>Fordland, Mo.</b>	22c. DATE SIGNED <b>6/24/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>JUNE 19, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>UNION CHAPEL CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>CHRISTIAN CO MO</b>
24. FUNERAL DIRECTOR <b>Kelley-Ferrell Fordland, MO</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>JUNE 24-1959</b>	26. REGISTRAR'S SIGNATURE <b>Opal M. Good</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

DECEASED .....  
 X .....  
 X .....  
 DECEASED .....  
 X .....  
 X .....  
 DECEASED .....  
 X .....  
 X .....  
 DECEASED .....  
 X .....  
 X .....

**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 *How Daniel* .....  
 Licensed Embalmer No. *1847* .....  
 P. O. Address *Memphis, Tenn.* .....

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.