URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-036787

FILED VS OCT 2 9 1959

Registration District No. 177 Primary Registration District No. 4276 Registrar's No. 136 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pierce Ctiy — Length of stay in 1b 50 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Newman Avenue — Inside Limits Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Lawrence
c. CITY OR TOWN Pierce City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) Newman Avenue — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Arch Middle Clay Last Riddle

4. DATE OF DEATH Month October Day 14 Year 1959

5. SEX Male

6. COLOR OR RACE White

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH 9/15/1887

9. AGE (last birthday) 72 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad section worker

10b. KIND OF BUSINESS OR INDUSTRY Frisco Railroad

11. BIRTHPLACE (City and state or country) Bentonville, Ark

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Albert Riddle

13b. MOTHER'S MAIDEN NAME Emma Lou Wages

14. NAME OF HUSBAND OR WIFE Josephine Riddle

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. 702-03-7647

17. INFORMANT Mrs. Josephine Riddle Address Pierce City, Mo.

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carcinoma of Lung — INTERVAL BETWEEN ONSET AND DEATH 10 mo.

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

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 7-31-59, to 10-14-59 and last saw her/him alive on 10-10-59

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) F. L. Edwards MD

22b. ADDRESS Monett, Mo

22c. DATE SIGNED 10-19-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 10-18-1959

23c. NAME OF CEMETERY OR CREMATORY City Cemetery

23d. LOCATION (City, town, or county) (State) Pierce City Missouri

24. FUNERAL DIRECTOR ADDRESS William J. Wessell Pierce City, Mo.

25. DATE RECD. BY LOCAL REG. 10-21-59

26. REGISTRAR'S SIGNATURE Mrs P. N. Cook

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

13C

OCT 30 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by me, Student Embalmer No.

working under my personal supervision.

Student

Signature of Student Embalmer

Signed R. Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Norwell, Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.