RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 23 1960

-60-031284
STATE FILE NUMBER

Registration District No. 195 Primary Registration District No. — Registrar's No. 65-60

NDED

1. PLACE OF DEATH
a. COUNTY McDonald
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Erie — Length of stay in 1b: 60 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route 1 Goodman, Mo. — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY McDonald
c. CITY OR TOWN Goodman — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route 1 Goodman, Mo. — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First JOHN Middle FRANKLIN Last RUDDICK
4. DATE OF DEATH: Month July Day 30 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-26-1879
9. AGE (last birthday): 80
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): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Barry County, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Robert Riddick
13b. MOTHER'S MAIDEN NAME: Laura Kirkpatrick
14. NAME OF HUSBAND OR WIFE: None
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.: None
17. INFORMANT: Luella Ruddick Address: Goodman, Mo.

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) Cerebral Hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Essential Hypertension
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
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 ☒
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 March 1959, to July 1960 and last saw ~~her~~ him alive on 7/29/60
Death occurred at 12:50 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. J. Gogue (Degree or title) M.D.
22b. ADDRESS Noel, Mo
22c. DATE SIGNED 8/9/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-1-1960
23c. NAME OF CEMETERY OR CREMATORY: ~~Gramby~~ GRANBY
23d. LOCATION (City, town, or county) (State): GRANBY ~~Gramby~~, Missouri
24. FUNERAL DIRECTOR ADDRESS: Roller Funeral Home Goodman, Mo.
25. DATE RECD. BY LOCAL REG.: August 15, 1960
26. REGISTRAR'S SIGNATURE (Deputy): Jean Sweet Dorsett

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Fred L. Clark

Signature of Student Embalmer

Licensed Embalmer No. 5056

P. O. Address 312 S. Woo

Neosho, Mo.

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