

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018756

STATE FILE NUMBER

AMENDED

Registration District No. 316 Primary Registration District No. - Registrar's No. 199

FILED MAY 31 1961

1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Francois			
b. CITY (If outside corporate limits, give TOWNSHIP only) Elvins, Mo			Length of stay in 1b		c. CITY OR TOWN Elvins, Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Elvins				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Ethel St. Elvins, Mo	
3. NAME OF DECEASED (Type or print) First Joseph. Middle Hilton Last Ridings				4. DATE OF DEATH Month May Day 18, Year 1961			
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Feb 12, 1881	
9. AGE (last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Retired		9. AGE (last birthday) 80	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired				10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state & country) Mississippi	
13a. FATHER'S NAME James Ridings				13b. MOTHER'S MAIDEN NAME Florence		14. NAME OF HUSBAND OR WIFE Mrs. Mildred Ridings	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				17. INFORMANT Mrs. Mildred Ridings Elvins, Mo.		Address	
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 Haemorrhage						INTERVAL BETWEEN ONSET AND DEATH 11 few weeks	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 _____ a.m. _____ p.m. Month, Day, Year _____							
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 Flat River, Mo.		COUNTY _____ STATE _____	
21. I attended the deceased from 8:45 A.M. 5/18/61 to 9:15 A.M. 5/18/61 and last saw him alive on May 18 '61 Death occurred at 9:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Theodore Paul D.O.				22b. ADDRESS Flat River, Mo.		22c. DATE SIGNED 5/19/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-21-1961		23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery		23d. LOCATION (City, town, or county) Doe Run Mo	
24. FUNERAL DIRECTOR R. Caldwell & Sons Flat River, Mo				25. DATE RECD. BY LOCAL REG. May 21, 1961		26. REGISTRAR'S SIGNATURE Cather Rudloff	

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

JUN 20 1961

JUN 1

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 David Paul Caldwell, Student Embalmer No. 636
working under my personal supervision.

Student David Paul Caldwell
Signature of Student Embalmer

Signed Donald Dale Caldwell

Licensed Embalmer No. 5095

P. O. Address Flat River,

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.