

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025722
STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 5582 Registrar's No. 132

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

FILED JUL 18 1961

1. PLACE OF DEATH a. COUNTY JASPER			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JACKSON TOWNSHIP		Length of stay in 1b 6 MONTHS	c. CITY OR TOWN RFD #4 CARTHAGE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION SCOTLAND COMMUNITY		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) SCOTLAND COMMUNITY		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ELMER Middle RIDENOUR Last			4. DATE OF DEATH Month JULY Day 8 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 10/27/1899	9. AGE (last birthday) 41	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) ELECTRICIAN		10b. KIND OF BUSINESS OR INDUSTRY ELECTRICAL	11. BIRTHPLACE (City and state or country) KANSAS CITY, KAN	12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME ELMER RIDENOUR		13b. MOTHER'S MAIDEN NAME HAZEL HUTCHINS		14. NAME OF HUSBAND OR WIFE FLORINE RIDENOUR		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			17. INFORMANT Address RFD #4 FLORINE R. RIDENOUR, CARTHAGE, 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) BURNS OVER ENTIRE BODY					INTERVAL BETWEEN ONSET AND DEATH 5 MIN.	
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 checked="" 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.) FAULTY WIRING IN HOUSE - BURNED TO GROUND				
20c. TIME OF INJURY 1:00	Hour a.m.	Month, Day, Year 7-8-61	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) did not attend		20f. CITY, TOWN, OR LOCATION CARTHAGE		COUNTY MO STATE		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 1:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE Herrell Anke M.D.S. CORONER			22b. ADDRESS 508 FRISCO BLDG. JOPLIN		22c. DATE SIGNED 7-10-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JULY 11, 1961	23c. NAME OF CEMETERY OR CREMATORY PARK CEMETERY	23d. LOCATION (City, town, or county) CARTHAGE		(State) MO	
24. FUNERAL DIRECTOR HURLBOT-GLOVER, JOPLIN, MO		ADDRESS	25. DATE RECD. BY LOCAL REG. 7-11-61	26. REGISTRAR'S SIGNATURE Edw. Deaton		

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

Dale Gerner

Licensed Embalmer No. 4593

P. O. Address Joplin, 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.