

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-036372

STATE FILE NUMBER

Registration District No. 82 Primary Registration District No. 5318 Registrar's No. 153

AMENDED

FILED NOV 6 1961

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

|  |   |   |   |  |  |  |
|--|---|---|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cooper</u>   |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u> |  |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Lebanon Township</u>   |   | Length of stay in 1b<br><u>15yrs</u>  | c. CITY OR TOWN <u>Otterville</u>   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>6 miles East Otterville</u>  |   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>6miles East Otterville</u> |  |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>WEBSTER</u> Middle <u>NEWTON</u> Last <u>RIDDLE</u>  |   |   | 4. DATE OF DEATH<br>Month <u>November</u> Day <u>2nd</u> Year <u>1961</u>   |  |  |  |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |   | 8. DATE OF BIRTH<br><u>10/30/96</u>  | 9. AGE (last birthday) <u>65</u><br>IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min.   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Teacher</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Public Schools</u>  |   | 11. BIRTHPLACE (City and state or country)<br><u>Cowgill, Missouri</u>         | 12. CITIZEN OF WHAT COUNTRY<br><u>U. S. A.</u>   |  |
| 13a. FATHER'S NAME<br><u>Andrew Wesley Riddle</u>  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Ada Michael</u>   |   | 14. NAME OF HUSBAND OR WIFE<br><u>Emma Riddle</u>                              |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>Yes World War # 2</u>   |   | 16. SOCIAL SECURITY NO.   | 17. INFORMANT Address<br><u>Emma Riddle (wife) Otterville, Missouri</u>   |  |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:   |   |   |   |  |  |  |
| IMMEDIATE CAUSE (a) <u>Acute Coronary Thrombosis</u>   |   |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>Instant</u>   |  |
| DUE TO (b) <u>Arteriosclerotic Heart Disease</u>   |   |   |   |  | <u>Unknown</u>   |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour Month, Day, Year<br>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. I attended the deceased from <u>5-19-60</u> to <u>11-8-61</u> and last saw him alive on <u>10-16-61</u><br>Death occurred at <u>6:00 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |   |  |  |  |
| 22a. SIGNATURE (Degree or title)<br><u>T. S. Hopkins M.D.</u>  |   |   | 22b. ADDRESS <u>1609 S. 7th Sedalia, Mo.</u>  |  | 22c. DATE SIGNED<br><u>11-2-61</u>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>  | 23b. DATE<br><u>Nov. 4, 1961</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Cowgill Cemetery</u>   |   | 23d. LOCATION (City, town, or county) (State)<br><u>Cowgill, Missouri</u>      |  |  |
| 24. FUNERAL DIRECTOR ADDRESS<br><u>Jewell E. Richards, Tipton, Missouri</u>  |   | 25. DATE RECD. BY LOCAL REG.<br><u>11/3/61</u>  | 26. REGISTRAR'S SIGNATURE<br><u>D. Hooper</u>   |  |  |  |

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**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 J. E. Richerson

Licensed Embalmer No. 7466

P. O. Address Lipton

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.