

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-043699

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1339

STATE FILE NUMBER

FILED JAN 8 1962

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 18 Years	c. CITY OR TOWN St. Joseph
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION General Osteopathic		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 114 West Antione St
3. NAME OF DECEASED (Type or print) First Lela Middle Mildred Last Ridgway			4. DATE OF DEATH Month Dec. Day 27 Year 1961
5. SEX Female	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 9/19/1901
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress Work		10b. KIND OF BUSINESS OR INDUSTRY Donnelly Garnet Co.	9. AGE (last birthday) 60
11. BIRTHPLACE (City and state or country) Elwood Kansas		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME George Karn Sr.		13b. MOTHER'S MAIDEN NAME Mable Hentchcliff	
14. NAME OF HUSBAND OR WIFE Nelson D. Ridgway		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. Yes		17. INFORMANT Nelson D. Ridgway St. Joseph 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) Cancer of Lung DUE TO (b) Metastatic Cancer DUE TO (c) Cancer of the breast			INTERVAL BETWEEN ONSET AND DEATH 6 mon 1 yr. 2 yrs
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 checked="" 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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	COUNTY STATE
21. I attended the deceased from March 14 - 1960 to Dec 26 1961 and last saw her alive on Dec 26 1961 Death occurred at 6:05 AM m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Arch Blair D.O		22b. ADDRESS Troy Kansas	22c. DATE SIGNED 12/28/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12/27/61	23c. NAME OF CEMETERY OR CREMATORY Mt. Olive	23d. LOCATION (City, town, or county) (State) Troy Kansas
24. FUNERAL DIRECTOR Vernon B. Tibbetts		ADDRESS Troy Kansas	25. DATE RECD. BY LOCAL REG. Dec. 29, 1961
			26. REGISTRAR'S SIGNATURE Wm Clark Goodell

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF **A.J. Blair, M.D.** MEDICAL CERTIFICATION

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 Charles M. Shuman

Licensed Embalmer No. 4487

P. O. Address Wathena, Ks

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.