MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-006233
STATE FILE NUMBER

AMENDED

Registration District No. 128 Primary Registration District No. 2005 Registrar's No. 373

FILED MAR 12 1962

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springfield — Length of stay in 1b: Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Mercy Villa — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Greene
c. CITY OR TOWN: Springfield — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1617 North Hampton — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: OLLIE Middle: Last: RIDER
4. DATE OF DEATH: Month: March Day: 5 Year: 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 1/26/81
9. AGE (last birthday): 81 — 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): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): White Cloud, Ks.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Leonidas Stout
13b. MOTHER'S MAIDEN NAME: Jennie Reynolds
14. NAME OF HUSBAND OR WIFE: James Rider
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: Address: Mrs. J.B. Gott - Springfield, 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 Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Vascular Disease — Unknown
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Parkinson's disease
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: Springfield COUNTY: Greene STATE: Mo.
21. I attended the deceased from Feb. 16, 1960, to Mar 5 1962 and last saw her alive on Feb 6 '62
Death occurred at 7:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: [signature] (Degree or title) M.D.
22b. ADDRESS: Springfield, Missouri
22c. DATE SIGNED: Mar 7 62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3/8/1962
23c. NAME OF CEMETERY OR CREMATORY: Greenlawn Cemetery
23d. LOCATION (City, town, or county) (State): Springfield, Missouri
24. FUNERAL DIRECTOR ADDRESS: Ayre-Goodwin- Springfield, Mo.
25. DATE RECD. BY LOCAL REG.: 3-7-62
26. REGISTRAR'S SIGNATURE: Effie S. Mellor

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF

DOCUMENT

Dr. Don
Professor

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 _____ Signed _____
Signature of Student Embalmer

Licensed Embalmer No. 5156

P. O. Address Springfield, Miss

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.

(Licensed Embalmer's Statement on Reverse Side)