

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-009901

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 38 Primary Registration District No. 3096 Registrar's No. 190

FILED APR 2 1962	
1. PLACE OF DEATH	
a. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>	
Length of stay in lb <u>70 Years</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Boone County Hospital</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
c. CITY OR TOWN <u>Columbia</u>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS (If outside, give location) <u>109 West Sexton Rd.</u>	
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	
First <u>WILLIAM</u> Middle <u>JEFFERSON</u> Last <u>RIDGEWAY</u>	
4. DATE OF DEATH	
Month <u>March</u> Day <u>28</u> Year <u>1962</u>	
5. SEX	6. COLOR OR RACE
<u>Male</u>	<u>White</u>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
	<u>12-22-1883</u>
9. AGE (last birthday)	IF UNDER 1 YEAR
<u>78</u>	Months <u>9</u> Days <u>28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY
<u>Co. Court & Probate Judge</u>	<u>Probate</u>
11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
<u>Audrain Co., Mo.</u>	<u>U.S.A.</u>
13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME
<u>John W. Ridgeway</u>	<u>Maria E. Sublett</u>
14. NAME OF HUSBAND OR WIFE	
<u>Esther Crooks</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT Address
<u>NO</u>	<u>Mrs. W.J. Ridgeway, Columbia, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <u>Rupture of Abdominal Aortic Aneurysm</u>	
DUE TO (b) <u>Atherosclerosis, aorta</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.	
<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 COUNTY STATE	
21. I attended the deceased from <u>3-27-62</u> to <u>3-28-62</u> and last saw ^{her} him <u>live</u> on <u>3-28-62</u>	
Death occurred at <u>7:00</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title)	22b. ADDRESS
<u>DJ Schum Jr MD</u>	<u>1502 E. Broadway</u>
22c. DATE SIGNED (State)	
<u>3/28/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE
<u>Burial</u>	<u>3-30-1962</u>
23c. NAME OF CEMETERY OR CREMATORY	
<u>Olivet Cemetery</u>	
23d. LOCATION (City, town, or county)	
<u>Boone County, Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS	25. DATE RECD. BY LOCAL REG.
<u>Parker Funeral Service, Columbia, Mo.</u>	<u>Mar 30, 1962</u>
26. REGISTRAR'S SIGNATURE	
<u>Mrs. R.E. Palmer</u>	

VS 300 Rev. 4/59
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DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
ITEM NO. SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

APR 4 1962

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 Donald L. Roberts

Licensed Embalmer No. 4722

P. O. Address Columbia MD

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.