MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-018849
STATE FILE NUMBER

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 85

FILED JUN 11 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev: 4/59

1 0470
2 4120
3
4 1
5 1
6
7 1
8 0
9 4200
10
11
12 90-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY IRON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN IRONTON, MO.
Length of stay in 1b: 14 HOURS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 362 EDISON COURT
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE ILL. b. COUNTY MADISON
c. CITY OR TOWN GRANITE CITY
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R.R.1 BOX 827
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First GRACIE Middle MAE Last RIDINGS
4. DATE OF DEATH: Month 6 Day 4 Year 62
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-1-1895
9. AGE (last birthday): 67
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): HOUSEWORK
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (City and state or country): STEWARD CO, TENN/ U.S.
12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME: ROBERT LEE FRENCH
13b. MOTHER'S MAIDEN NAME: NANCY ALSUP
14. NAME OF HUSBAND OR WIFE: JEFF E. RIDINGS
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: Jeff E. Ridings Address: Granite City, Ill. Route Box 827

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) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) Arteriosclerotic heart disease — 5 years
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. ☐ 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 COUNTY STATE
21. I attended the deceased from ____, to ____ and last saw her alive on 6-4-62
Death occurred at ____ on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Marvin C. Munne MD (Degree or title)
22b. ADDRESS Ironton, Missouri
22c. DATE SIGNED 6-7-62
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE 6-5-1962
23c. NAME OF CEMETERY OR CREMATORY ST. JOHNS
23d. LOCATION (City, town, or county) GRANITE CITY (State) ILLINOIS
24. FUNERAL DIRECTOR ED MERCER SONS ADDRESS GRANITE CITY
25. DATE RECD. BY LOCAL REG. 6-5-62
26. REGISTRAR'S SIGNATURE Mrs Avis Jones

(Licensed Embalmer's Statement on Reverse Side)

Permit obtained June 6 1962

MAR 5 1963

JUN 12 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 Lyle H. White

Licensed Embalmer No. 4295

P. O. Address Trenton 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.