MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-022399
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 246

FILED JUN 26 1962

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City — Length of stay in 1b: 10 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Maries
c. CITY OR TOWN Jefferson Township — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) West of Belle, Missouri — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Irl Middle: Franklin Last: Ridenhour

4. DATE OF DEATH Month: June Day: 18 Year: 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-12-1891
9. AGE (last birthday): 71
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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Osage County, Missouri
12. CITIZEN OF WHAT COUNTRY: American

13a. FATHER'S NAME: Andrew J. Ridenhour
13b. MOTHER'S MAIDEN NAME: Nancy J. Goodman
14. NAME OF HUSBAND OR WIFE: None

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.: Unknown
17. INFORMANT: O.H. Hassler Address: Belle, Missouri

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) Pulmonary infarct, right, due to — INTERVAL BETWEEN ONSET AND DEATH: 12 days
DUE TO (b) Pulmonary artery embolus — 13 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (c) Fracture right femur, neck — Diabetes mellitus. — 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 Mo.

21. I attended the deceased from 6-7-62 to 6-18-62 and last saw him alive on 6-18-62
Death occurred at 3:40 p.m. on the date stated above, and to the best of my knowledge from the causes stated.

22. SIGNATURE Kendall A. Clark, MD (Degree or title) 22b. ADDRESS 525 E. High Jefferson City Mo 22c. DATE SIGNED 6-20-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 21, 1962
23c. NAME OF CEMETERY OR CREMATORY: Pilot Knob
23d. LOCATION (City, town, or county) (State): West of Belle Missouri

24. FUNERAL DIRECTOR: Jones Funeral Service ADDRESS: Belle, Missouri
25. DATE RECD. BY LOCAL REG.: 21 June 1962
26. REGISTRAR'S SIGNATURE: R.P. Harris MD - N. Richter

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
2	0269	20630	
3			
4	0		
5	0		
6			
7	0		
8	1		
9	9		
10	0		
11	076		
12	3-0		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

VS JUN - 6 1962
VS JUL 1 - 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 Omer Lawrence Jones

Licensed Embalmer No. 4411

P. O. Address Belle 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.