

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043225
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 160 Primary Registration District No. 559v Registrar's No. 173

FILED NOV 27 1962	
1. PLACE OF DEATH	
a. COUNTY <u>Jefferson</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>JOAHIM TOWNSHIP</u>	a. STATE <u>MISSOURI</u> b. COUNTY <u>JEFFERSON</u>
Length of stay in lb <u>4 HRS</u>	c. CITY OR TOWN <u>FESTUS</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jefferson Memorial Hosp</u>	d. STREET ADDRESS (If outside, give location) <u>R. R. # 3</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last	
<u>Robin Lee Riddle</u>	
4. DATE OF DEATH	Month Day Year
<u>11 21 1962</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>White</u>
7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
<u>11-21-62</u>	
9. AGE (last birthday) <u>4 hrs.</u>	IF UNDER 1 YEAR Months Days
<u>4</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>unemployed</u>
11. BIRTHPLACE (City and state or country) <u>Festus, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Edward Riddle</u>	13b. MOTHER'S MAIDEN NAME <u>Barbara Lee Jennings</u>
14. NAME OF HUSBAND OR WIFE <u>Barbara Riddle</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>49955-933</u>
17. INFORMANT <u>Edwin Riddle, R.R. 3, Festus, 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>Anoxia</u>	
DUE TO (b) <u>Prematurity (32 wks gestation)</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 checked="" 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>11-21-62</u> to <u>11-21-62</u> and last saw her/him alive on <u>11-21-62</u>	
Death occurred at <u>4:20 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>F. L. Kozal, M.D.</u> (Degree or title)	22b. ADDRESS <u>Crystal City, Mo.</u>
22c. DATE SIGNED <u>11-21-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>11-22-62</u>
23c. NAME OF CEMETERY OR CREMATORY <u>HERCULANEUM</u>	23d. LOCATION (City, town, or county) (State) <u>HERCULANEUM MO.</u>
24. FUNERAL DIRECTOR <u>Cady Funeral</u> ADDRESS <u>609 Highway 67</u>	25. DATE RECD. BY LOCAL REG. <u>11-22-62</u>
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

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

USE BLACK INK OR TYPEWRITER RIBBON

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

~~— NOT EMBALMED —~~
James Richard Cady

Licensed Embalmer No. 4309

P. O. Address CRYSTAL CITY, 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.