

S. No. 2
M-5-43
5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44129

State File No.

FILED FEB 3 1948

Registration District No. 11

Primary Registration District No. 5041

Registrar's No. 6

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

600

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Rural
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barry
(c) City or town Rural
(d) Street No. _____
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ed Ridgeway
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 23
year 1947 hour 2:30 minute _____ P.M.
21. I hereby certify that I attended the deceased from Dec. 22, 1947, to Dec. 22, 1947;
That I last saw h. im. alive on Dec. 22, 1947;
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 21 1889
(Month) (Day) (Year)

Immediate cause of death Bronchopneumonia.
Due to probably, caused by fall.
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>8</u>	<u>2</u>	hr. _____ min. _____

Major findings:
Of operations _____
Of autopsy 107
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Alabama
(City, town, or county) (State or foreign country)
10. Usual occupation farmer

11. Industry or business _____
12. Name unknown
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant James Ridgeway
(b) Address Washburn, Missouri
17. (a) Burial (b) Date thereof 12-26-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washburn Prairie

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Culver Funeral Home
(b) Address Cassville, Missouri
19. (a) Jan 22-1948 (b) Grace William
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) _____
Means of injury Dr. Chas. R. Brown, D.O.
23. Signature Dr. Chas. R. Brown (M. D. or other) D.O.
Address Seligman Mo. Date signed _____

RECEIVED

District Health Officer No. 6,

District File Number 148-157

Date Filed JAN 30 1948

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.....

Paul D. Herbert....., Registered Apprentice No. 54
working under my personal supervision.

Signed Margaret Culver.....

Licensed Embalmer No. 4389.....

P. O. Address Cassville.....

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 this body is not embalmed, fact should be so stated above.