No. 300
10.46

FILED JUN 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14814

BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 4038 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: Benton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WARSAW
c. LENGTH OF STAY (in this place): /
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: MISSOURI
b. COUNTY: Benton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WARSAW.
d. STREET ADDRESS (If rural, give location): 0 0 0

3. NAME OF DECEASED (Type or Print)
a. (First): ABRAM
b. (Middle): Thomas
c. (Last): RiDDIE

4. DATE OF DEATH (Month) (Day) (Year): MAY 22, 1949

5. SEX: MALE
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: JAN 14, 1869
9. AGE (In years last birthday): 80 — If under 1 year: Months 4, Days 8 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ABSTRACT
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Benton County
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: James M. Riddle
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: James Riddle
ADDRESS: Warsaw

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Bronchitis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* May, 1949, *to* May 23, 1949 *that I last saw the deceased alive on* May 24, 1949 *and that death occurred at* 4:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title): M.D.
23b. ADDRESS: Warsaw Mo
23c. DATE SIGNED: 23 May 1949

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: MAY 24, 1949
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Benton County, Mo

DATE REC'D BY LOCAL REG.: May 24 1949
REGISTRAR'S SIGNATURE: Jas. A. Logan 23
25. FUNERAL DIRECTOR'S SIGNATURE: John T. Dean
ADDRESS: Warsaw

(License or Embalmer's Statement on Reverse Side)

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

8 0 0

RECEIVED
District Health Officer No. 7,
District File Number 4-49-61
Date Filed 5.31.49

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 .....
Student Embalmer

Signed John F Rem

Licensed Embalmer No. 4098

P. O. Address Warsaw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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