

FILED FEB 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3657

BIRTH NO. _____ REG. DIST. NO. 359 PRIMARY REG. DIST. NO. 4527 Registrar's No. _____

WRITE PLAINLY USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bronaugh</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bronaugh Mo.</u>	
c. LENGTH OF STAY (in this place) <u>26</u>		d. STREET ADDRESS (If usual, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MILDRED</u> b. (Middle) <u>ANN</u> c. (Last) <u>RIDER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 18 50</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>1/2/1866</u>		9. AGE (In years last birthday) <u>84</u>		10. IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Carroll Co. Mo.</u>	
12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Benjamin F. Johns</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Susan Johns</u>	
13c. NAME OF HUSBAND OR WIFE <u>Thomas H. Rider</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		15. SOCIAL SECURITY NO. <u>None</u>	
16. INFORMANT'S SIGNATURE OR NAME <u>Clarence Rider</u>		17. ADDRESS <u>Bronaugh, Mo.</u>			

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mesenteric Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Passive Congestion</u>		DUE TO (c) <u>Cardiac De-compensation</u>		<u>2 months</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gallbladder stones acute pancreatitis & senility</u>				<u>13 1/3</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Nov. 5, 1949 to Jan. 18, 1950, that I last saw the deceased alive on Jan. 18, 1950, and that death occurred at 10 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>M. H. Kneeland, D.O.</u>		23b. ADDRESS <u>2 Liberal, Mo.</u>		23c. DATE SIGNED <u>Jan. 20, '50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/20/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Worsley Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Bronaugh Mo.</u>					

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Jan 27 1950 Mrs. Ruth Faith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Beaul Funeral Home Shelby Mo.</u>	
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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.....

Licensed Embalmer No.....

P. O. Address.....

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.