

No. 300
10-48

FILED APR 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9862

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jennings	
d. FULL NAME OF HOSPITAL OR INSTITUTION McFarland Nursing Home		d. STREET ADDRESS (If rural, give location) 34 Lemar Drive	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Walter	b. (Middle) Sidney	c. (Last) Riddle	March 11, 1950		

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 20, 1878	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 5 Days 19	IF UNDER 24 HRS. Hours Min. --
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dry Cleaning	10b. KIND OF BUSINESS OR INDUSTRY Dry Cleaning	11. BIRTHPLACE (State or foreign country) Sullivan County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Wm. A. Riddle	13b. MOTHER'S MAIDEN NAME Walker	14. NAME OF HUSBAND OR WIFE Unknown
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown	16. SOCIAL SECURITY NO. 499-10-7591	17. INFORMANT'S SIGNATURE OR NAME Hospital Records	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral haemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) old age		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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
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22. I hereby certify that I attended the deceased from Dec. 27, 1949 to Mar 11, 1950, that I last saw the deceased alive on Mar. 10, 1950, and that death occurred at 6:20 a. m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) M.D.	23b. ADDRESS 19011	23c. DATE SIGNED Mar 11, 1950
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24a. BURIAL, CREMATION REMOVAL (Specify) Cremation	24b. DATE Mar. 14, 1950	24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE REG'D BY LOCAL REG. 3-20-50	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed 3-28-50

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

S. L. H. H. H. H.

Licensed Embalmer No. _____

3394

P. O. Address _____

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