

FILED JUL 6 1950

STANDARD CERTIFICATE OF DEATH

State File No. 20796

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4222 Registrar's No. 53

0540

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

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Carroll</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Waverly</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Carrollton 0171</u>	
c. LENGTH OF STAY (in this place) <u>9 days</u>		d. STREET ADDRESS (If rural, give location) <u>304 N. Main</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kelling Clinic</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>VIOLET</u>	b. (Middle) <u>L</u>	c. (Last) <u>RIDGE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 12, 1950</u>
---	----------------------	------------------------	---

5. SEX <u>Fe</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 16, 1871</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
------------------	---------------------------	---	--	---	--------------------------------	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Richmond, Va.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	--	--

13a. FATHER'S NAME <u>Clayton Mitchell</u>	13b. MOTHER'S MARRIED NAME <u>Martha F. Mitchell</u>	14. NAME OF HUSBAND OR WIFE <u>Jack Ridge</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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Craton</u>	ADDRESS <u>Carrollton, 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of rectum with metastasis to abdominal viscera and brain.</u>		<u>about 50 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<u>154X</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic myocarditis</u>			<u>18 months</u>

19a. DATE OF OPERATION <u>April 1949</u>	19b. MAJOR FINDINGS OF OPERATION <u>Same as condition leading directly to death.</u>	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) _____	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 March 24, 1949 to June 12, 1950, that I last saw the deceased alive on June 12, 1950, and that death occurred at 12:05 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Jordan Kelling M.D.</u>	(Degree or title)	23b. ADDRESS <u>Waverly, Missouri</u>	23c. DATE SIGNED <u>6-14-50</u>
---	-------------------	---------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>cremation</u>	24b. DATE <u>June 15, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>D.W. Newcomer's Sons</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>
--	--------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>June 14-1950</u>	REGISTRAR'S SIGNATURE <u>Clayton K. Landrum</u>	154	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Gibson</u>	ADDRESS <u>Carrollton, Mo.</u>
--	---	-----	--	--------------------------------

RECEIVED FILED JUN 29 1950

District Health Officer No. 8,

District File Number _____

Date Filed 1-5-50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Ben W. Gibson

Signed _____
Student Embalmer

Licensed Embalmer No. 2961

P. O. Address Carrollton, 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.