

FILED OCT 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31169

BIRTH NO. 66913-50 REG. DIST. NO. 239 PRIMARY REG. DIST. NO. 5825 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY OR TOWN <u>Cabron</u>		c. CITY OR TOWN <u>Cabron</u> 0720	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If rural, give location) <u>1 1/2 mile South</u> 0	
3. NAME OF DECEASED (Type or Print) a. (First) <u>BOBBY</u> b. (Middle) <u>WAYNE</u> c. (Last) <u>RIDDLE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 25-1950</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Sept 24-50</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
10a. BIRTHPLACE (State or foreign country) <u>M.O.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Ronald Riddle</u>		13b. MOTHER'S MAIDEN NAME <u>Mabel Knathon</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ronald Riddle</u> ADDRESS <u>Cabron 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</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) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>77 Hrs</u>	
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 <u>9-24</u> , 1950, to <u>9-25</u> , 1950, that I last saw the deceased alive on <u>9-24</u> , 1950, and that death occurred at <u>7:00 PM</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H. Gilbert</u> (Degree or title) _____		23b. ADDRESS <u>Haama-Mo</u>	
23c. DATE SIGNED <u>9/29/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>9/29-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mounce</u>	
24d. LOCATION (City, town, or county) (State) <u>New Madrid MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter W. ...</u> ADDRESS <u>Funeral Service</u>	
DATE REC'D BY LOCAL REG. <u>9-30-50</u>		REGISTRAR'S SIGNATURE <u>Dr. Geo. W. ...</u>	

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

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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.

Signed.....

Signed.....

Student Embalmer

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.