

FILED JUL 13 1951

STANDARD CERTIFICATE OF DEATH

State File No. 19782

| | | | | | | | |
|---|--|---|--|--|--|---|--|
| BIRTH CO. _____ | | REG. DIST. NO. <u>98</u> | | PRIMARY REG. DIST. NO. <u>5358</u> | | Registrar's No. <u>53</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Davies</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>DAVIES</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - COLFAX Twp</u> | | c. LENGTH OF STAY (In this place) <u>32 yr</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>COLFAX Twp</u> | | 310 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 miles west of Kidder</u> | | | | d. STREET ADDRESS (If rural, give location) <u>4 Miles west Kidder MO.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>WILLIAM FOUNTAIN</u> | | a. (Last) <u>RIDDELL</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>6-21-51</u> | |
| 5. SEX <u>M</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | | 8. DATE OF BIRTH <u>MARCH 13 1863</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>FARM WORK</u> | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | 12. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>WILLIAM W RIDDELL</u> | | 13b. MOTHER'S MAIDEN NAME <u>Veriea Packer</u> | | 14. NAME OF HUSBAND OR WIFE <u>EUNICE F RIDDELL</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>Eunice Ridell</u> ADDRESS <u>Rt 2 - CAMEYON</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. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Cerebral Arteriosclerosis</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u> | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Sclerosis</u> DUE TO (c) <u>Chronic Myocarditis</u> | | | | | |
| | | 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 <u>4221</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 <u>6-11</u> , 19 <u>51</u> to <u>6-21</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>6-17</u> , 19 <u>51</u> , and that death occurred at <u>11:30 P.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u> | | | | 23b. ADDRESS <u>Cameron Mo</u> | | 23c. DATE SIGNED <u>6-23-51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>6/23/51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Kidder Cem</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kidder Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>7 July 1951</u> | | REGISTRAR'S SIGNATURE <u>Virginia M Englehart</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Poland Funeral Home</u> ADDRESS <u>Cameron</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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



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..... *Robert F. Paland*

Licensed Embalmer No. *4717*

P. O. Address *225 West 3th*
6 Cameron 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.