

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27912**

FILED SEP 12 1951

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5998 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY PUTNAM		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY PUTNAM	
b. CITY (If outside corporate limits, write RURAL and give township) 0860 TOWN "RURAL" YORK TOWNSHIP		c. CITY (If outside corporate limits, write RURAL and give township) 0860 TOWN "RURAL" YORK TOWNSHIP	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) POWERSVILLE, MO. R. F. D. 0	

3. NAME OF DECEASED (Type or Print) a. (First) WALTER b. (Middle) EARNEST c. (Last) RIDDLE			4. DATE OF DEATH AUGUST 31, 1951 (Month) (Day) (Year)		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM OWNER		10b. KIND OF BUSINESS OR INDUSTRY FARM		8. DATE OF BIRTH JULY 24, 1892	
9. AGE (In years last birthday) 59				11. BIRTHPLACE (State or foreign country) Powersville, Mo. 0	
12. CITIZEN OF WHAT COUNTRY? U. S. A.				13. FATHER'S NAME Louis Riddle	
14. MOTHER'S MAIDEN NAME LAURA ANN BOWMAN				14. NAME OF HUSBAND OR WIFE ALICE C. RIDDLE	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME MRS. WALTER E. RIDDLE POWERSVILLE, MO.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH Sudden			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis 4 yrs		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"/>		4201	

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 1944, 1947 to Aug 19, 1951, that I last saw the deceased alive on Aug 19, 1951, and that death occurred at 6:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE W. Gillum (Degree or title) DO		23b. ADDRESS Unionville, Mo.		23c. DATE SIGNED SEP. 1, 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9/2/51		24c. NAME OF CEMETERY OR CREMATORY POWERSVILLE CEMETERY	
24d. LOCATION (City, town, or county) (State) POWERSVILLE, MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE John A. Comstock ADDRESS UNIONVILLE, MO			

DATE REC'D BY LOCAL REG. 9-7-51		REGISTRAR'S SIGNATURE Marvell Durbin		26. FUNERAL HOME BY John A. Comstock	
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(Licensed Embalmer's Statement on Reverse Side)

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

1951 22 1951

Date Received: SEP 8 1951
DISTRICT HEALTH OFFICE #2
District File Number 9-51-1590
Date Filed: SEP 8 1951

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

John N. Comstock

Signed.....
Student Embalmer

Licensed Embalmer No. *3891*

P. O. Address *Unionville, 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.