

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

01320

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

BIRTH NO. **FILED FEB 25 1954** REG. DIST. NO. **44** PRIMARY REG. DIST. NO. **4060** Registrar's No. **6**

1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Caldwell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Breckenridge		c. LENGTH OF STAY (in this place) 3 Yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Breckenridge	
3. NAME OF DECEASED a. (First) Jesse b. (Middle) Albert c. (Last) Ridinger		4. DATE OF DEATH (Month) (Day) (Year) Feb. 10, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 10, 1874
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	11. BIRTHPLACE (City and State or Foreign Country) Illinois
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Ridinger		13b. MOTHER'S MAIDEN NAME Angeline	14. NAME OF HUSBAND OR WIFE Anna Ridinger
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No.		16. SOCIAL SECURITY NO. No.	17. INFORMANT'S SIGNATURE OR NAME Roy Ridinger ADDRESS Independence
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) Senility 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"/>		794X	
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) (Min.)	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 _____, 1952, to 2-10- , 1954, that I last saw the deceased alive on 2-6- , 1954, and that death occurred at 4-15 a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. W. White, M.D.		23b. ADDRESS Breckenridge, Mo.	23c. DATE SIGNED 2-12-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-12-1954	24c. NAME OF CEMETERY OR CREMATORY LICKFORK	24d. LOCATION (City, town, or county) (State) Breckenridge, Mo.
DATE REC'D BY LOCAL REG. 2-20-1954	REGISTRAR'S SIGNATURE Thos. Ruth Anne Jurgart	25. FUNERAL DIRECTOR'S SIGNATURE Marion Brown	ADDRESS Hamlet, Mo.

1974

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 Morris A. Brown

Licensed Embalmer No. 3918

P. O. Address Hamlet, Me.

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.