

FILED MAY 18 1954

STANDARD CERTIFICATE OF DEATH

15006

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 473

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	c. LENGTH OF STAY (in this place) <u>45 years</u>	c. CITY OR TOWN <u>St. Joseph</u>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u> Maecura Methodist Hospital		e. STREET ADDRESS (If rural, give location) <u>3121 Seneca St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nathan</u> b. (Middle) <u>Estel</u> c. (Last) <u>Riddle</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 3, 1954</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 24, 1887</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret. barber</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <u>66</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 10 HRS. Hours _____ Min. _____
		11. BIRTHPLACE (City and State or Foreign Country) <u>Browning, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Lewis Riddle</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret J. (unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>Hallie Glyn</u>
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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. <u>491-09-1544</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nathan Riddle, 3121 Seneca, St. Joseph, Mo.</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-vascular accident</u> <u>embolism</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Coronary Insufficiency</u> DUE TO (c) <u>Arteriosclerotic Heart Disease</u>		<u>3 da</u> <u>?</u> <u>?</u> <u>4200</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis General</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 3-27, 1954, to 5-3, 1954, that I last saw the deceased alive on 5-2, 1954, and that death occurred at 5:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) _____	23b. ADDRESS <u>316 No 10th St, City</u>	23c. DATE SIGNED <u>5-3-54</u>
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24a. BURIAL, CREMATION, REMOVAL <u>Burial</u>	24b. DATE <u>5/5/1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>May 11, 1954</u>	REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>	485-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton Bowman</u>	ADDRESS <u>St. Joseph, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

JUN 17 1954

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.....
Signature of Student Embalmer

Signed *Eugene Wood*.....

Licensed Embalmer No. *3804*

P. O. Address *319 So 10th St*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.