

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36287**

FILED OCT 19 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 186

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		c. CITY OR TOWN <u>Nevada</u>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>1080</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada City Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>R.R. # 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>Agnus</u> c. (Last) <u>Ridgway</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 7, 1954</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 20, 1894</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Days <u>11</u>	IF UNDER 24 HRS. Hours <u>11</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Attendant at Hospital, Mo. S. H. #3</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Nevada, Mo.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>U. S. A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>John Schamoskie</u>		13b. MOTHER'S MAIDEN NAME <u>Cathrine</u>		14. NAME OF HUSBAND OR WIFE <u>J. H. Ridgway</u>	
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>494-18-2256</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J. F. Ridgway Nevada, Mo. R#1</u>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute anterior coronary infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 days</u>
		ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		<u>2 days</u>
		DUE TO (b) <u>Coronary thrombosis</u>		
		DUE TO (c) _____		
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<u>5 years</u>
		<u>Coronary insufficiency</u>		

19a. DATE OF OPERATION <u>None.</u>		19b. MAJOR FINDINGS OF OPERATION <u>---</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) <u>1201</u>	
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 Oct. 6, 1954, to Oct. 7, 1954, that I last saw the deceased alive on Oct. 7, 1954, and that death occurred at 8 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>Moore Building, Nevada, Mo.</u>		23c. DATE SIGNED <u>Oct. 8, 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 11, 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Newton Cemery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Nevada, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>10-13-54</u>		REGISTRAR'S SIGNATURE <u>Anna &amp; Ferry</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Eichinger Funeral Home Nevada, Mo.</u>	
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(Licensed Embalmers' Statement on Reverse Side)

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

10820

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. 592 working under my personal supervision..

Student Francis C. Marsh  
Signature of Student Embalmer

Signed Percy F. Melita  
Licensed Embalmer No. 4803

P. O. Address Nevada, T.

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.