

FILED JUL 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 22350

BIRTH NO.		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1002</u>	Registrar's No. <u>2779</u>
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>4 mos.</u>		d. CITY OR TOWN <u>Rich Hill</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Warwick Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>007<sup>th</sup></u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>LETTIE</u>		b. (Middle) <u>B.</u>	c. (Last) <u>RIDER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 29 1955</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 8 1871</u>	9. AGE (In years last birthday) <u>84</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Vernon County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>James Barr</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah (last unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>W.L. Rider</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Paul F. Winters Hickman Mills, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis of Heart Disease</u> ANTECEDENT CAUSES <u>Pulmonary infection -</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease (Common)</u> DUE TO (c) <u>Thrombosis of Internal Arteries</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4200</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>Kansas City Jackson Mo</u>	
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 <u>12/11</u> , 19 <u>54</u> , to <u>6/29</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>6/28</u> , 19 <u>55</u> , and that death occurred at <u>4:50 P</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>William R. Jantz</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>5801 Keigley, Hartman Mills Mo</u>		23c. DATE SIGNED <u>6/30/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6/30/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Rich Hill, Missouri</u>	
DATE REC'D BY LOCAL REG <u>6-30-55</u>	REGISTRAR'S SIGNATURE <u>Deva Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilson L. Kasper</u>		ADDRESS <u>Indep. Mo.</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.....  
Signature of Student Embalmer

Signed *Wilson L. Kesley*.....

Licensed Embalmer No. *42*.....

P. O. Address *Indy*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.