

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27115

State File No. ....

FILED AUG 27 1956

3259

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3259</u>		
1. PLACE OF DEATH a. COUNTY <u>Tackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Laura City</u>		c. LENGTH OF STAY (In this place) <u>48 days</u>		c. CITY OR TOWN <u>Hickman Mills</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lake Side Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>87<sup>th</sup></u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edith</u> b. (Middle) <u>Frene</u> c. (Last) <u>Rider</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 26 - 1956</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>April 2 - 1892</u>		
9. AGE (In years last birthday) <u>64</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Hamilton Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Albert Filson</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Sigelton</u>		14. NAME OF HUSBAND OR WIFE <u>Hewille Rider</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Richard Branch</u> ADDRESS <u>700 S Terra</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES <u>Compensatory Colic</u> 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. <u>153X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u> <u>3700</u>	
19a. DATE OF OPERATION <u>4/27/56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Co 2 Colic</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>KE 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>4-1-1956</u> , to <u>7-26-1956</u> , that I last saw the deceased alive on <u>7-26-1956</u> , and that death occurred at <u>6:12 p.m.</u> , from the causes and on the date stated above.								
23. SIGNATURE (Name or title) <u>Quintus W. Wilson Do<sup>2</sup></u>				23b. ADDRESS <u>409 W. Witham</u>		23c. DATE SIGNED <u>7-27-56</u>		
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 28, 1956</u>		24c. NAME OF CEMETERY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>7-27-56</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE &amp; McCLURE UND. CO., 3235 Gilham Plaza</u>				

(Licensed Embalmer's Statement on Reverse Side)

K. C. 9, Mo.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Quintus W. Wilson, D.O.

MAR 23 1959

**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 *F. S. Walton*.....

Licensed Embalmer No. *2744*.....

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