

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 14 1957

STATE FILE NUMBER **41694**
REGISTRAR'S NUMBER **5505**

Registration District No. **149** Primary Registration District No. **1002** Registrar's No. **5505**

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY JACKSON		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		a. STATE MISSOURI		b. COUNTY JACKSON	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARY'S Hosp.		Length of stay in 35 yrs		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS 1627 KENSINGTON				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First EARL		Middle -		Last RIDER		Month Day Year DEC-17-1956	
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH MARCH 13-1893	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) EMPLOYED AS LABORER		10b. KIND OF BUSINESS OR INDUSTRY RAILWAY EXPRESS		11. BIRTHPLACE (City and state or country) RAY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME DAVID RIDER				14. MOTHER'S MAIDEN NAME JOSEPHINE MOYER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. W.W.#1 NONE		17. INFORMANT MRS. HATTIE RIDER Address 1627 KENSINGTON K.C. Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage in Cerebellum							INTERVAL BETWEEN ONSET AND DEATH 12 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) _____							
DUE TO (c) Hypertensive Vascular Disease							331+
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Diabetes Mellitus, Atherosclerotic Cordiac Disease							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour: Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 6-14-54 to 12/17/56 and last saw her alive on 12/17/56 Death occurred at 705A on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) H. A. Underwood, M.D.				22b. ADDRESS 5100 E. 24th K.C.Mo.		22c. DATE SIGNED 12/18/56	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
REMOVAL		DEC-19-1956		CRAVEN CEMETERY		CAMDEN, MISSOURI	
24. FUNERAL DIRECTOR C. J. Blackman & Son Inc. ADDRESS K.E. Mo.				25. DATE RECD. BY LOCAL REG. 12-19-56		26. REGISTRAR'S SIGNATURE Wes Marshall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

H. A. Underwood

Doctor, coroner, etc. must use only standard nomenclature in their reports. No symptoms which are not diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

Health, Welfare, Public Service

300-56

5100 824

JAN 14 1931

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.....
W.C. Quinn

Licensed Embalmer No. *482*

P. O. Address *H.C. Mc*

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.