

FILED JAN 9 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 109

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Montgomery</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MEXICO</b>		c. CITY OR TOWN <b>Middle town.</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>1-1-57-1-2-57</b>		e. STREET ADDRESS (If rural, give location) <b>NONE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Audrain County Hospital</b>		07001	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Guy</b> b. (Middle) <b>D</b> c. (Last) <b>Ridings</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JAN-2-1957</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>1-5-1893</b>
9. AGE (In years last birthday) <b>63</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BANKER</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Middletown, Mo</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BANKER</b>		10b: KIND OF BUSINESS OR INDUSTRY <b>BANKER</b>	12. CITIZEN OF WHAT COUNTRY? <b>Mo</b>
13a. FATHER'S NAME <b>Joseph B. Ridings</b>		13b. MOTHER'S MAIDEN NAME <b>Hazelton</b>	14. NAME OF HUSBAND OR WIFE <b>?</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War 1-1918</b>		16. SOCIAL SECURITY NO. <b>495-12-0535</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Thomas C. McElfresh</b> ADDRESS <b>4136 DE Tonty St. Louis, Mo.</b>
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) <b>Pneumonia</b> INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pneumonia of heart</b> <b>8 yrs.</b> DUE TO (c) <b>Hypertension</b> <b>15 yrs.</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>451X</b>	
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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>1/1/57</b> , 19 <b>57</b> , to <b>1/2/57</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>1/1/57</b> , 19 <b>57</b> , and that death occurred at <b>7:40</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Blanche Neely</b>		23b. ADDRESS <b>112N Clark street</b>	
23c. DATE SIGNED <b>1/2/57</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-5-57</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Fairmount Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Middletown, Mo</b>	
DATE REC'D BY LOCAL REG. <b>JAN-2-1957</b>		REGISTRAR'S SIGNATURE <b>Blanche Neely</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Butler Patchett</b>		ADDRESS <b>Middletown Mo</b>	

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

MAY 23 1958

MAR 26 1957

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 *John W. Butler*.....

Licensed Embalmer No. *444*.....  
P. O. Address *Bowling Green*.....

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.