

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **1912**

FILED FEB 4 1957

BIRTH NO. _____ REG. DIST. NO. **395** PRIMARY REG. DIST. NO. **3039** Registrar's No. **206**

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE Missouri b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MARCELINE		c. CITY OR TOWN Bucklin	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) 5da		e. STREET ADDRESS (If rural, give location) 0560	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hosp.			

3. NAME OF DECEASED (Type or Print) ELLEN JANE RIDDLE			4. DATE OF DEATH (Month) (Day) (Year) 1/12/1957		
a. (First)	b. (Middle)	c. (Last)	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH AUG. 15, 1905	
5. SEX F	6. COLOR OR RACE W	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR 4 Days	IF UNDER 24 HRS. 27 Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) LaPlata, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME John Wise		13b. MOTHER'S MAIDEN NAME Ethel Graham		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME John Riddle Marceline, Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident		
ANTECEDENT CAUSES * This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic heart disease		
DUE TO (c) Cardiac decompensation & arrhythmia fibrillation		
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 4/6x		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Jan 6, 1957, to Jan 12, 1957, that I last saw the deceased alive on Jan 11, 1957, and that death occurred at 6 A. M., from the causes and on the date stated above.

23a. SIGNATURE George Gay (Degree or title)		23b. ADDRESS Marceline Missouri		23c. DATE SIGNED 1-14-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) R		24b. DATE 1/14/1957		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet	
24d. LOCATION (City, town, or county) (State) Marceline, Mo					

DATE REC'D BY LOCAL REG. 1-14-57		REGISTRAR'S SIGNATURE Brookie Owens		25. FUNERAL DIRECTOR'S SIGNATURE James M. Sarghlin	
				ADDRESS Marceline, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

300

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.....
George R. Tremmel

Licensed Embalmer No. *442*

P. O. Address *Mauldin*

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.