Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32527
STATE FILE NUMBER

FILED OCT 15 1957 Registration District No. 177 13 Primary Registration District No. 4276 Registrar's No. 131

1. PLACE OF DEATH
a. COUNTY LAWRENCE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PIERCE CITY R — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION NORTH ELM — Length of stay in Ib 65 YRS

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
a. STATE MO b. COUNTY LAWRENCE
c. CITY OR TOWN PIERCE CITY — Inside Limits Yes ☐ No X
d. STREET ADDRESS NORTH ELM (If outside, give location) — Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print) First FRANK Middle LAWRENCE Last RIDPATH
4. DATE OF DEATH Month OCT Day 4 Year 1957
5. SEX M
6. COLOR OR RACE WH
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 3-10-1873
9. AGE (In years last birthday) 84 — IF UNDER 1 YEAR Months 6 Days 24 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PLUMBER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) TERRE HAUTE IND.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME ANDERSON B. RIDPATH
14. MOTHER'S MAIDEN NAME NOT KNOWN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT CHARLES E RIDPATH Address PIERCE CITY

MEDICAL CERTIFICATION

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~~ Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH 60 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis and Uremia — 30 years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4500
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Feb 3, 1954 to Oct 4, 1957 and last saw ~~her~~ him alive on Oct 4, 1957
Death occurred at 9:00 P m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Charles A Speare (Degree or title) MD
22b. ADDRESS Pierce City, Mo
22c. DATE SIGNED 10-6-57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE OCT. 6-1957
23c. NAME OF CEMETERY OR CREMATORY CITY CEMETERY
23d. LOCATION (City, town, or county) PIERCE CITY (State) MO
24. FUNERAL DIRECTOR WILKS BROS ADDRESS PIERCE CITY MO
25. DATE REC'D. BY LOCAL REG. 10-9-57
26. REGISTRAR'S SIGNATURE Mrs O. M. Cook

(Licensed Embalmer's Statement on Reverse Side)

37-0

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 1057 - 183

DATE REC. 10-14-57

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, ~~or by~~ Edwin Wilks, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edwin Wilks

Licensed Embalmer No. 413

P. O. Address Pierce City

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