

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015142
State File No.

FILED MAY 5 1958

BIRTH NO. _____ REG. DIST. NO. 281 PRIMARY REG. DIST. NO. 4370 Registrar's No. 122

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) Clearmont	c. LENGTH OF STAY (in this place) 2 das	c. CITY OR TOWN Bolckow, Mo.	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Wallin Nursing Home		e. STREET ADDRESS (If rural, give location) 0748	

3. NAME OF DECEASED (Type or Print) a. (First) GUY	b. (Middle)	c. (Last) RIDLON	4. DATE OF DEATH (Month) (Day) (Year) 4 28 1958
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 4 1876	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret farmer	10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (City and State or Foreign Country) Wisconsin	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Daniel Ridlon	13b. MOTHER'S MAIDEN NAME Mary Ashford	14. NAME OF HUSBAND OR WIFE Lora Mendenhall
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs Fred Baker	ADDRESS Barnard Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH tho.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerosis + aortic aneurism ruptured	DUE TO (b) hypertension	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) apoplexy	
	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	20. AUTOPSY? 451X YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 4-3-58, 1958, to 4-27, 1958, that I last saw the deceased alive on 4/23, 1958, and that death occurred at 1200 m., from the causes and on the date stated above.

23a. SIGNATURE H. C. Bauman M.D.	(Degree or title)	23b. ADDRESS 0, 4th main Maryville	23c. DATE SIGNED 4/29/58
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24a. BURIAL, CREMATION, REINTERMENT (Specify)	24b. DATE 4/30/1958	24c. NAME OF CEMETERY OR CREMATORY Barnard Masonic	24d. LOCATION (City, town, or county) (State) Barnard Mo
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DATE REC'D BY LOCAL REG. 1-2-58	REGISTRAR'S SIGNATURE Bess Holt	25. FUNERAL DIRECTOR'S SIGNATURE W. C. Thomas	ADDRESS Maryville Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0740
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23?

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 *G. M. Atchison*

Licensed Embalmer No. *237*

P. O. Address *Maryville*

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.