

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-035918

STATE FILE NUMBER

FILED NOV 12 1958

Registration District No. 99 Primary Registration District No. 4168 Registrar's No. 72

300  
1-57  
4

1. PLACE OF DEATH a. COUNTY <b>DeKalb</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>DeKalb</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Maysville</b>		c. CITY OR TOWN <b>Maysville</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Londry Home</b>		Length of stay in lb <b>16 Hrs.</b>	
3. NAME OF DECEASED (Type or print) First <b>WARREN</b> Middle <b>HARRISON</b> Last <b>RIDDLE</b>		4. DATE OF DEATH Month <b>Nov.</b> Day <b>2</b> Year <b>1958</b>	
5. SEX <b>Male</b> <input type="radio"/>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 17 1875</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>83</b>
11. BIRTHPLACE (City and state or country) <b>DeKalb County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>William Riddle</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Hartwell</b>	
14. NAME OF HUSBAND OR WIFE <b>Mrs. Nolia Riddle</b>		17. INFORMANT Address <b>Mrs. Nolia Riddle, Maysville Missouri</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral hemorrhage</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>pneumonia, hypostatic</b> DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b> <b>3 days.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
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 <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK 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 <b>26 Oct 1958</b> to <b>2 Nov, 1958</b> and last saw her/him alive on <b>2 Nov, 1958</b> . Death occurred at <b>4 A.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>J. J. Weyer</b> (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>Maysville Missouri</b>	
22c. DATE SIGNED <b>11-4-58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Zion</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23d. LOCATION (City, town, or county) (State) <b>Stewartsville Mo (Rural)</b>	
23b. DATE <b>11-4-58</b>		24. FUNERAL DIRECTOR ADDRESS <b>Pilcher Funeral Home, Maysville Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>11-4-58</b>		26. REGISTRAR'S SIGNATURE <b>Roscoe Davidson</b>	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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 .....  
  
S. T. Pilcher

Licensed Embalmer No. .... 3960

P. O. Address Maysville Mo .....

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.