

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-037281  
STATE FILE NUMBER

FILED OCT 29 1958 Registration District No. 257 Primary Registration District No. 5880 Registrar's No. 47

300  
1-57

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1. PLACE OF DEATH a. COUNTY <b>Osage</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Maries</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Crawford Township</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Belle,</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Linn Manor Rest Home</b>		Length of stay in 1b <b>2 years</b>	0630 d. STREET ADDRESS 0 (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>David</b> Middle <b>Martin</b> Last <b>Ridenhour</b>			4. DATE OF DEATH Month <b>Oct.</b> Day <b>24,</b> Year <b>1958</b>
5. SEX <b>Male</b> <input type="checkbox"/>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 24, 1872</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming &amp; School Teacher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired- Selfemp.</b>	11. BIRTHPLACE (City and state or country) <b>Belle, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>John S. Ridenhour</b>	
13b. MOTHER'S MAIDEN NAME <b>Dorcas Ann Griffith</b>		14. NAME OF HUSBAND OR WIFE <b>Annis Lore Ridenhour</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. <b>none</b>	17. INFORMANT Address <b>Mrs. R. M. Lansford Belle, Mo.</b>
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>Arteriosclerosis, generalized</b> DUE TO (c) <b>Arteriosclerotic heart disease</b> 4500 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Arthritis, degenerative hips &amp; knees.</b>			INTERVAL BETWEEN ONSET AND DEATH
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 a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
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>10-1-58</b> , to <b>10-24-58</b> and last saw <sup>her</sup> him alive on <b>10-22-58</b> Death occurred at <b>5:30</b> a m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Thomas W. Baldwin DO.</b> 2 (Degree or title)		22b. ADDRESS <b>Linn, Mo.</b>	22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <b>Mb. Zion</b>	23d. LOCATION (City, town, or county) (State) <b>Gasconade County, Missouri</b>
24. FUNERAL DIRECTOR <b>Clyde Morton</b>	ADDRESS <b>Linn, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>10/24/58</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. T. A. D. Brockett</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

NOV 5 1958

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 *Vernon Morton* .....

Licensed Embalmer No. *4125* .....

P. O. Address *Lean 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.