

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-002004

STATE FILE NUMBER

FILED FEB 2 1959

Registration District No. 184

Primary Registration District No. 3038

Registrar's No. 7

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Linn</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Linn</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Brookfield</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Brookfield</b> <sup>05</sup> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Doctors' Hospital</b>		Length of stay in lb <b>8 yrs</b>	d. STREET ADDRESS (If outside, give location) <b>607 Crosby Street</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>HELEN H. RIDDELL</b>			4. DATE OF DEATH Month Day Year <b>Jan. 21, 1959</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 16, 1893</b>
9a. AGE (In years last birthday) <b>65</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (City and state or country) <b>Salisbury, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>US</b>		13a. FATHER'S NAME <b>W. N. Hamilton</b>	
13b. MOTHER'S MAIDEN NAME <b>Julia Parks</b>		14. NAME OF HUSBAND OR WIFE <b>Lloyd L. Riddell</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. A. E. Hubbard, Moberly, 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>Anoxemia &amp; anemia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Metastasis to chest</b>			<b>6 mos?</b>
DUE TO (c) <b>Melano Sarcoma of Cauda Equ.</b>			<b>20 mos.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>1931</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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>4-25-57</b> to <b>1-21-59</b> and last saw her alive on <b>1-21-59</b> Death occurred at <b>10:15</b> <b>PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>E. E. Smith</b> (Degree or title)		22b. ADDRESS <b>Brookfield Mo</b>	22c. DATE SIGNED <b>1-23-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Jan. 24, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Rothville Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Rothville, Missouri</b>
24. FUNERAL DIRECTOR <b>Wright Funeral Home, Brookfield, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>1-24-59</b>	26. REGISTRAR'S SIGNATURE <b>Katharine Johnson Dep.</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 1 1959

MS DEC 1 1959

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 *Harold B. Wright* .....

Licensed Embalmer No...3718.....

P. O. Address...Brookfield, 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.