

HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034285

LED VS OCT 13 1960

Registration District No. 098 Primary Registration District No. 4165 Registrar's No. 93 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Daviness			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Harrison		
b. CITY (If outside corporate limits, give TOWNSHIP only) Gallatin		Length of stay in 1b 1 mth	c. CITY OR TOWN Ridgeway		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) Sullivan Rest Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) none	
3. NAME OF DECEASED (Type or print) First GEORGE Middle L Last Ridgeway			4. DATE OF DEATH Month Oct Day 4 Year 1960		
5. SEX MALE	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/17/1890	9. AGE (last birthday) 70 yr	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Labor	11. BIRTHPLACE (City and state or country) ILL		12. CITIZEN OF WHAT COUNTRY US
13a. FATHER'S NAME Richard Ridgeway		13b. MOTHER'S MAIDEN NAME Elizabeth Simm		14. NAME OF HUSBAND OR WIFE Ida Ridgeway	
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. no	17. INFORMANT Oscar Swigart Ridgeway Mo Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Interosclerotic Heart Disease DUE TO (b) Diabetes Mellitus DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 5 yrs 5 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <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 9-20-60 to 10-4-60 and last saw ^{her} him alive on 10-4-60 Death occurred at 2:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Floyd E. Nelson M.D. (Degree title)			22b. ADDRESS Gallatin, Mo.		22c. DATE SIGNED 10-5-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-7-60	23c. NAME OF CEMETERY OR CREMATORY Ridgeway Cemetery		23d. LOCATION (City, town, or county) (State) Ridgeway Mo	
24. FUNERAL DIRECTOR R.P. Bossard, Ridgeway, Mo.		25. DATE RECD. BY LOCAL REG. 10-8-60	26. REGISTRAR'S SIGNATURE Virgie M. Engelhart		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 W. Burgess

Licensed Embalmer No. 4762

P. O. Address Eaglewood, Md.

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.