

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-040376

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 205

STATE FILE NUMBER

FILED OCT 17 1968

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10497

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		Length of stay in 1b life		c. CITY OR TOWN Carthage	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune-Brooks Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Fairacres Rest Home	
3. NAME OF DECEASED (Type or print) Harry Riddle		First Harry Middle Riddle Last Riddle		4. DATE OF DEATH October 9 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-22-1876	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Jasper County, Mo.	
13a. FATHER'S NAME Robert George Riddle		13b. MOTHER'S MAIDEN NAME Sarah Jane Young		14. NAME OF HUSBAND OR WIFE deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. [redacted]		17. INFORMANT Glenn Riddle, Carthage, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocarditis with myocardial degeneration, arteriosclerosis 5 yrs					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) arteriosclerosis Senile Dementia					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Fall from wheel chair		
20c. TIME OF INJURY 8 a.m. 9/25/63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, a farm, factory, street, office bldg., etc.) in home				
20f. CITY, TOWN, OR LOCATION Carthage		COUNTY Jasper		STATE Mo	
21. I attended the deceased from New 1948 to 10-9-1963 and last saw him alive on Oct 9, 1963 Death occurred at 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE George H. Wood MD		22b. ADDRESS Carthage Mo		22c. DATE SIGNED 10-12-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-12-1063		23c. NAME OF CEMETERY OR CREMATORY Fullerton Cemetery	
23d. LOCATION (City, town, or county) Jasper County, Missouri		25. DATE RECD. BY LOCAL REG. 10-12-63		26. REGISTRAR'S SIGNATURE [Signature]	
24. FUNERAL DIRECTOR Mason Chapel, 108 Range Line, Joplin, Mo.					

3700-0-012

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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 Ed Mason

Licensed Embalmer No. 4568

P. O. Address Joplin, 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.