

FILED APR 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9096**

BIRTH NO. _____ REG. DIST. NO. **385** PRIMARY REG. DIST. NO. **3039** Registrar's No. **216**

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE Missouri b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline		c. LENGTH OF STAY (in this place) 6 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline	
		d. STREET ADDRESS (if rural, give location) East Curtis	

3. NAME OF DECEASED (Type or Print)	a. (First) William Jackson	b. (Middle) Riley	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) March 29 1949
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Dec. 27, 1863	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 3 Days 1	IF UNDER 24 HRS. Hours 1 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Chariton Co. Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Morris Riley	13b. MOTHER'S MAIDEN NAME Anne Vantine	14. NAME OF HUSBAND OR WIFE Malvina Riley
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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'S SIGNATURE OR NAME Clarence Riley, Marceline, Missouri	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **March 25, 1949**, to **March 29, 1949**, that I last saw the deceased alive on **March 29, 1949**, and that death occurred at **10:15 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Phaedal Smith M.D. (Degree or title)	23b. ADDRESS Marceline, Mo	23c. DATE SIGNED March 30, 1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 31, 1949	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet	24d. LOCATION (City, town, or county) (State) Marceline Missouri
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DATE REC'D BY LOCAL REG. 3/31/1949	REGISTRAR'S SIGNATURE Maryjane Owens	25. FUNERAL DIRECTOR'S SIGNATURE James M. Langley ADDRESS Marceline, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

583

ST-6711-201

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.

Signed Dale Bunch

Signed _____
Student Embalmer

Licensed Embalmer No. 4088

P. O. Address Marceline, 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 this body is not embalmed, fact should be so stated above.