

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **27520**

FILED SEP 14 1949

BIRTH NO.		REG. DIST. NO. <b>248</b>		PRIMARY REG. DIST. NO. <b>4369</b>		Registrar's No. <b>11</b>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>Newton</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Newton</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Seneca</b>		c. LENGTH OF STAY (in this place) <b>75 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Seneca</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <b>Patrick</b>	b. (Middle) <b>Henry</b>	c. (Last) <b>Riley</b>	(Month) <b>Sept.</b>	(Day) <b>4</b>	(Year) <b>1949</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Aug. 30, 1863</b>	9. AGE (in years last birthday) <b>86</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 4 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Peace officer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Media, Pennsylvania</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>James Riley</b>		13b. MOTHER'S MAIDEN NAME <b>Alice Hill</b>		14. NAME OF HUSBAND OR WIFE <b>Allie</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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Will Riley, Tulsa, Okla.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>					
		ANTECEDENT CAUSES					
		*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					
		Morbid 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"/>	
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)			
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?			
22. I hereby certify that I attended the deceased from <b>9-4-</b> , 1949, to <b>9-4-</b> , 1949, that I last saw the deceased alive on <b>9-4-</b> , 1949 and that death occurred at <b>4 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>W. B. Beddell M.D.</b>		23b. ADDRESS <b>Seneca Mo. 96-49</b>		23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9-6-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Seneca Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Seneca, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>9-6-49</b>		REGISTRAR'S SIGNATURE <b>Phyllis Brito</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. B. Beddell</b>		ADDRESS <b>Seneca Mo</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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4/20/

**RECEIVED**

District Health Officer No. NEWTON CO. HEALTH UNIT  
District File Number 949-153  
Date Filed SEP 12 1949

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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 .....  
Student Embalmer

Signed

*W E Biddlecome*

Licensed Embalmer No.

*2174*

P. O. Address

*Seneca 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.