

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31457**

FILED SEP 20 1949

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 6008		Registrar's No. 200		
1. PLACE OF DEATH a. COUNTY Randolph Co.				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death) a. STATE Missouri b. COUNTY Randolph				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Prairieville		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Randolph - Clark Mo.		d. STREET ADDRESS (If rural, give location) Prairieville		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS				
3. NAME OF DECEASED (Type or Print) a. (First) Phillip b. (Middle) Johnson c. (Last) Riley			4. DATE OF DEATH (Month) (Day) (Year) Sept 11 - 1949					
5. SEX M		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar. 16-1867		
9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months 5 Days 25		IF UNDER 12 HRS. 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		11. BIRTHPLACE (State or foreign country) Des Moines Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Andrew Riley			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE Sarah Riley		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 		16. SOCIAL SECURITY NO. 		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Baldie Nichols - Clark Mo.				
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; ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Sensitivity DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 2 wks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 1946 , 19___, to Sept 10 , 19 49 , that I last saw the deceased alive on Sept 10 , 19 49 , and that death occurred at 5:45 Am. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) D. Carroll J. P. O.				23b. ADDRESS Sturgeon, Mo.		23c. DATE SIGNED 18 Sept 49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 13 - 1949		24c. NAME OF CEMETERY OR CREMATORY Rice Cemetery		24d. LOCATION (City, town, or county) (State) Sturgeon Mo.		
DATE REC'D BY LOCAL REG. Sept 13 - 49		REGISTRAR'S SIGNATURE Leah Williams		25. FUNERAL DIRECTOR'S SIGNATURE Barnes & Boothe		ADDRESS Sturgeon Mo.		

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

SEP 19 1949

RECEIVED

District Health Officer No. 10

District File No. 9-49-1616

SEP 19 1949

Date Filed _____

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 A. E. Rothe

Signed _____
Student Embalmer

Licensed Embalmer No. 4087

P. O. Address Sturgeon 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.