

FILED MAY 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12048

12048

BIRTH NO.		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 545
1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 0117		
c. LENGTH OF STAY (In this place) 25 Years		d. STREET ADDRESS (If rural, give location) 2901 Lafayette Street		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1916 Olive St.				
3. NAME OF DECEASED (Type or Print) a. (First) Michael b. (Middle) Joseph c. (Last) Riordan		4. DATE OF DEATH (Month) (Day) (Year) May 4 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Febr. 3, 1897	9. AGE (In years last birthday) 53
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Branch Manager		10b. KIND OF BUSINESS OR INDUSTRY Artesian Ice Co.		11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME James Pat Riordan		13b. MOTHER'S MAIDEN NAME Rose Trainor		14. NAME OF DECEASED'S WIFE Irene R
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I		16. SOCIAL SECURITY NO. 491-09-5205		17. INFORMANT'S SIGNATURE OR NAME Mrs Irene R. Riordan
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension		INTERVAL BETWEEN ONSET AND DEATH - 7 minutes
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) 4201
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 6-6, 1949, to 5-4, 1950, that I last saw the deceased alive on 4-28, 1950, and that death occurred at 9:25A m., from the causes and on the date stated above.				
23a. SIGNATURE Win B. Root M.D.		23b. ADDRESS 510 Carby Bldg St. Joseph, Mo		23c. DATE SIGNED 5-5-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 4, 1950		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri				
DATE REC'D BY LOCAL REG. May 8, 1950		REGISTRAR'S SIGNATURE G. C. Jenkins 382		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Norman W. Hadenfaden 1802 Union St

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 17 1950

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 *Robert H. Gable* .....

Licensed Embalmer No. *3308* .....

P. O. Address *St. Joseph, 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.