No. 300
10.48

FILED SEP 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29301

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 4001 Registrar's No. 243

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Novinger
c. LENGTH OF STAY (In this place): 40 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ✓

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Adair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Novinger 0010
d. STREET ADDRESS (If rural, give location): ✓ 0

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Phillip
c. (Last): Riley

4. DATE OF DEATH (Month) (Day) (Year): 9-10-1950

5. SEX: M
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9-17-1872
9. AGE (In years last birthday): 77 — If under 1 year: Months 11 Days 23 — If under 24 hrs.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Coal Mining
11. BIRTHPLACE (State or foreign country): Mo 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Samuel Riley
13b. MOTHER'S MAIDEN NAME: Mary Riley (cousin)
14. NAME OF HUSBAND OR WIFE: Lydia Riley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No ✓ (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Mrs. J.P. Riley — ADDRESS: Novinger 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Nephritis — 4 years

DUE TO (c) ✓

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. ✓ — 592X

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 19 40, *to* Sept 10, 19 50, *that I last saw the deceased alive on* Sept 9, 19 50, *and that death occurred at* 6 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. M. Garrison (Degree or title): M.D.
23b. ADDRESS: Novinger Mo
23c. DATE SIGNED: Sept 11-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-11-1950
24c. NAME OF CEMETERY OR CREMATORY: Novinger Cemetery
24d. LOCATION (City, town, or county) (State): Novinger, Mo

DATE REC'D BY LOCAL REG.: 9-13-50
REGISTRAR'S SIGNATURE: Kate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE: Hopper Funeral Home — ADDRESS: Kirksville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 9 1950

Date Received: SEP 1 8
DISTRICT HEALTH OFFICE
District File Number 9-50
Date Filed: SEP 1 9 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 Louis E. Hopper

Licensed Embalmer No. 4261

P. O. Address Clarence, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.