

FILED FEB 18 1951

STANDARD CERTIFICATE OF DEATH

State File No. 28

BIRTH NO. _____ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **42**

1. PLACE OF DEATH a. COUNTY Adair			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Sullivan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. LENGTH OF STAY (in this place) 8 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Jackson Twp. 1050		
d. FULL NAME OF HOSPITAL OR INSTITUTION Laughlin Hospital			d. STREET ADDRESS (If rural, give location) 6 mi. N. W. Green City		
3. NAME OF DECEASED (Type or Print) a. (First) Oscar		b. (Middle) Bun		c. (Last) Riley	
4. DATE OF DEATH Feb. 1, 1951		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 20, 1878		9. AGE (In years last birthday) 72	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General Farming		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William D. Riley		13b. MOTHER'S MAIDEN NAME Delila. Arthurs	
14. NAME OF HUSBAND OR WIFE Effie Riley		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. None	
17. INFORMANT'S SIGNATURE OR NAME Ermil Riley, Milan, 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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES _____ 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. Auricular Fibrillation	
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) _____		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 Jan 26, 1951 , to Feb 1, 1951 , that I last saw the deceased alive on Feb 1, 1951 , and that death occurred at 9:55 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE J. T. Rhoads (Degree or title)		23b. ADDRESS D. O. Kirkville, Mo		23c. DATE SIGNED 2-1-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 4, 1951		24c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery	
24d. LOCATION (City, town, or county) (State) Sullivan Co., Mo.		DATE REC'D BY LOCAL REG. 2-4-51		REGISTRAR'S SIGNATURE Kate Lambert	
25. FUNERAL DIRECTOR'S SIGNATURE Glenn E. Kent		ADDRESS Green City, Mo.			

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

0013

VS MAR 1 1951

Date Received: FEB 10 1951
-DISTRICT HEALTH OFFICE #2
District File Number 2-51-347
Date Filed: FEB 12 1951

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 Ford R. Bent
Licensed Embalmer No. 4689

P. O. Address Green City, 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.