

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1801

State File No.

FILED FEB. 13 1953

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN K.C.P.O.; Intercity Dist.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson Co. Hosp. Little		d. STREET ADDRESS (If rural, give location) Blue 8805 Thompson	

3. NAME OF DECEASED (Type or Print) a. (First) MR. LOUIE b. (Middle) L. c. (Last) RILING			4. DATE OF DEATH (Month) (Day) (Year) Jan. 21, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 3, 1876	9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months Days IF UNDER 1 WEEK Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if stopped) Interior Decorator		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Indep, Mo.	
13a. FATHER'S NAME Lewis Riling			13b. MOTHER'S MAIDEN NAME Maude L. Gilliland		14. NAME OF HUSBAND OR WIFE Martha Riling Dec.

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 499-09-6006	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lou L. Riling 8805 Thompson			
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Coronary artery disease.		
	MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. General arteriosclerosis		
DUE TO (b)		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Hypostatic pneumonia			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 1/19, 1953, to 1/21, 1953, that I last saw the deceased alive on Jan 21, 1953, and that death occurred at 3 p. m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) Dr. Salvin W. Tonken D.O.	23b. ADDRESS 318 Blue Ridge	23c. DATE SIGNED 1/23/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 24, 1953	24c. NAME OF CEMETERY OR CREMATORY Woodlawn	24d. LOCATION (City, town, or county) (State) Indep. Mo.
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DATE REC'D BY LOCAL REG. 1-28-53	REGISTRAR'S SIGNATURE M. S. Langford	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ott & Mitchell Indep, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

1000

No. 300
3048

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Henry S. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep. 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.