

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED JUN 9 1954

State File No. **16709**

BIRTH NO. _____ REG. DIST. NO. **236** PRIMARY REG. DIST. NO. **5819** Registrar's No. **20**

I. PLACE OF DEATH a. COUNTY MORGAN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY MORGAN		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - OSAGE		c. LENGTH OF STAY (in this place) 30 YRS	c. CITY OR TOWN BARNETT	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1/4 mi - N - BARNETT		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or Print) a. (First) Peter- b. (Middle) Josiah- c. (Last) Riffle		4. DATE OF DEATH (Month) (Day) (Year) MAY 17 1954		
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) MARRIED	8. DATE OF BIRTH 14 Sept-1899	
9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS Hours Min.	11. BIRTHPLACE (City and State or Foreign Country) Gladstone - Mo.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-		10b. KIND OF BUSINESS OR INDUSTRY FARMER	12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Joseph-B-Riffle		13b. MOTHER'S MAIDEN NAME Hannah-Hammil	14. NAME OF HUSBAND OR WIFE Annie-Riffle	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ANNIE-RIFFLE ADDRESS BARNETT	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION.		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		ANTECEDENT CAUSES Atherosclerosis.		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Prostatism		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Prostatism		
Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION NONE		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NONE		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NONE	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? NONE		
22. I hereby certify that I attended the deceased from <u>May 14, 1954</u>, to <u>May 17, 1954</u>, that I last saw the deceased alive <u>May 17, 1954</u>, and that death occurred at <u>8:27 P. m.</u>, from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) E. Oskeleton M.D.		23b. ADDRESS ELDON - Mo		23c. DATE SIGNED 18 MAY 54
24a. BURIAL, CREMATION (Specify) BURIAL	24b. DATE 20 MAY 54	24c. NAME OF CEMETERY OR CREMATORY VERSAILLES-	24d. LOCATION (City, town, or county) (State) VERSAILLES Mo	
DATE REC'D BY LOCAL REG. 5-20-54	REGISTRAR'S SIGNATURE J. J. [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Keith M. [Signature] ADDRESS ELDON Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

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
Signature of Student Embalmer

Signed *Keith M. Kays*

Licensed Embalmer No. *399*

P. O. Address *Eldon*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.