

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37717

State File No. _____

FILED DEC 2 1954

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5378 Registrar's No. 438

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY OR TOWN <u>Royal Blue Bluffs</u> | | c. CITY OR TOWN <u>Royal</u> | |
| c. LENGTH OF STAY (in this place) <u>26 yrs</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 miles N.E. of Indep.</u> | | | |
| e. STREET ADDRESS (If rural, give location) <u>6 m. N.E. of Indep.</u> | | | |

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| 3. NAME OF DECEASED a. (First) <u>Fred</u> b. (Middle) <u>M.</u> c. (Last) <u>Riling</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 11-54</u> | | |
| 5. SEX <u>M.</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | |
| 8. DATE OF BIRTH <u>July-29-1878</u> | | 9. AGE (In years last birthday) <u>76</u> | | IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min. | |

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|---|--|--|--------------------------------------|--|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Jackson Co., Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>unk</u> | | | 13b. MOTHER'S MAIDEN NAME <u>unk</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Leora Riling</u> | |

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|--|--|-------------------------------------|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Leora Riling</u> ADDRESS <u>Indep. Mo</u> | |
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| 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) <u>myocardial infarction</u> | | DUPLICATE OF (a) <u>myocardial infarction</u> | | | | <u>chronic</u> | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> | | | | <u>chronic</u> | |
| | | DUE TO (c) | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>advanced Bronchitis</u> | | | | <u>chronic</u> | |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4/6 X</u> | | | | 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) | |
| 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 Sept 15, 1946, to Nov 11, 1954, that I last saw the deceased alive on Nov 1, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

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|---|--|--|--|----------------------------------|--|
| 23a. SIGNATURE <u>W. H. Inkerian</u> (Degree or title) <u>MD.</u> | | 23b. ADDRESS <u>1111 1/2 Bluffs Independence Mo.</u> | | 23c. DATE SIGNED <u>11/12/54</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>13 Nov-54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u> | | 24d. LOCATION (City, town, or county) (State) <u>Independence - Mo.</u> | |
|---|--|----------------------------|--|--|--|---|--|

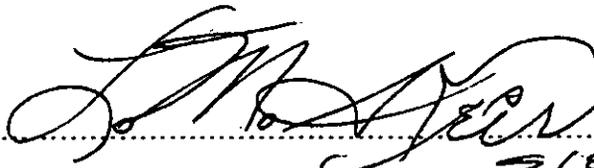
| | | | | | |
|--|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. <u>11-13-54</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 354 FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Indep. Mo</u> | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

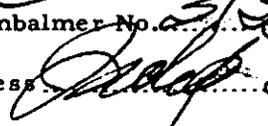
STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No. ³¹⁹.....

P. O. Address 

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.