FILED MAY 2 1955

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 11725

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY Howell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) West Plains,
c. LENGTH OF STAY (In this place) 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Howell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) West Plains
d. STREET ADDRESS (If rural, give location) 509 E. Main St.,

0461 D

3. NAME OF DECEASED (Type or Print)
a. (First) JOSEPHINE
b. (Middle) (none)
c. (Last) RILEY

4. DATE OF DEATH (Month) (Day) (Year) Apr. 17, 1955

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Feb. 22, 1864
9. AGE (In years last birthday) 91 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) South Fork, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Newt Bond
13b. MOTHER'S MAIDEN NAME Jane Gum
14. NAME OF HUSBAND OR WIFE Con V. 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. none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Leland Ward, W. Plains, 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) CONGESTIVE HEART FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 10 hours

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) HYPERTENSIVE CARDIO-VASCULAR DISEASE
DUE TO (c) HYPERTENSION, ESSENTIAL — 10 YEAR

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
CARCINOMA OF BREAST C PULMONARY METASTASES

19a. DATE OF OPERATION ? 1945
19b. MAJOR FINDINGS OF OPERATION CARCINOMA LEFT BREAST 4-4 3 X 1 4
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* 2-27, 1953, *to* 4-17, 1955, *that I last saw the deceased alive on* 4-17, 1955 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Jack N. Wilen MD (Degree or title) 23b. ADDRESS West Plains Mo 23c. DATE SIGNED 4-21-55

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Apr. 19, 1955
24c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery
24d. LOCATION (City, town, or county) West Plains, (State) Mo.

DATE REC'D BY LOCAL REG. 4-28-55
REGISTRAR'S SIGNATURE Beatrice Cook
25. FUNERAL DIRECTOR'S SIGNATURE Hal Thornburgh ADDRESS W. Plains, 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 .....
Student Embalmer

Signed Hal Thomburgh

Licensed Embalmer No. 3408

P. O. Address W. Plain,

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

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