

FILED JUN 16 1955

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18925
2328

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2328

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 (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>2 WEEKS</u>	c. CITY OR TOWN <u>GRANDVIEW</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARY'S HOSPITAL</u>		STREET ADDRESS (If rural, give location) <u>GRANDVIEW AIR FORCE BASE</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>WILLIAM</u>	b. (Middle) <u>GREEN</u>	c. (Last) <u>RILEY, JR.</u>	(Month) <u>MAY</u>	(Day) <u>29</u>	(Year) <u>1955</u>

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>JULY 31 1929</u>	9. AGE (In years last birthday) <u>25</u>	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) <u>AIRMAN FIRST CLASS</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. AIR FORCE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>WACO, TEXAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
--	--	--	--	--	--	--	--

13a. FATHER'S NAME <u>WILLIAM GREEN RILEY SR</u>		13b. MOTHER'S MAIDEN NAME <u>MARY LORAINE HIGHTOWER</u>		14. NAME OF HUSBAND OR WIFE <u>---</u>	
---	--	--	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES (in service)</u>		16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. MARY BYFORD</u>		ADDRESS <u>WACO, TEXAS</u>
---	--	---------------------------------------	--	--	-------------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Diffuse Brown Atrophy of Heart</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Renal insufficiency</u>			
	DUE TO (b) <u>---</u>			
	DUE TO (c) <u>---</u>			
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>---</u>			E 8237

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) <u>Accident Highway</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) <u>Grandview Jackson MO.</u>	21d. STATE <u>MO.</u>
---	--	---	--------------------------

21d. TIME OF INJURY <u>5-18-55</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car hit telephone pole</u>
---------------------------------------	---	---

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:27A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Hugh H. Owens</u>		(Degree or title) <u>Coroner</u>	23b. ADDRESS <u>1034 Pickett Bldg</u>		23c. DATE SIGNED <u>5-30-55</u>
--	--	-------------------------------------	--	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>MAY 30 1955</u>	24c. NAME OF CEMETERY OR CREMATOR <u>GREENWOOD CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>WACO TEXAS</u>
---	---------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>5-30-55</u>	REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.H. Newcomer Sons</u>	ADDRESS <u>1331 - BRUSH CREEK KANSAS CITY, MO.</u>
--	---	---	---

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

9567 97 NW

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 *Chester K Brown*

Licensed Embalmer No. *49*

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