

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **25208**

FILED AUG 23 1955

BIRTH NO. _____ REG. DIST. NO. **4** PRIMARY REG. DIST. NO. **5073** Registrar's No. **56**

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Holt	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 1/2 mile north of Rock Port		c. LENGTH OF STAY (In this place) 1 day	c. CITY OR TOWN Corning
d. FULL NAME OF HOSPITAL OR INSTITUTION. Pleasant View Rest Home		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) Edwin	b. (Middle) Lewis	c. (Last) Riley	(Month) (Day) (Year) Aug 2, 1955

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 23, 1872	9. AGE (In years last birthday) 83	10. MONTH 8	11. DAY 2	12. YEAR 1955
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired laborer		10b. KIND OF BUSINESS OR INDUSTRY On the farm		BIRTHPLACE (City and State or Foreign Country) Akron, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME William Riley	13b. MOTHER'S MAIDEN NAME Sidney Frazier	14. NAME OF HUSBAND OR WIFE Martha Riley
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 John Riley - Langdon, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		24 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis DUE TO (c) 332X		20 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	--

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) (Minute)	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 **Aug 2, 1955**, to **Aug 2, 1955**, that I last saw the deceased alive on **Aug 2, 1955**, and that death occurred at **3 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wallace Carpenter M.D.	23b. ADDRESS Rock Port, Mo.	23c. DATE SIGNED 8-4-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried & removed	24b. DATE 8/4/55	24c. NAME OF CEMETERY OR CREMATORY Mount Hope
24d. LOCATION (City, town, or county) (State) Corning, Mo.	24e. FUNERAL DIRECTOR'S SIGNATURE Harvey W. Wheeler ADDRESS Wilber L. Schooley - Craig, Mo.	
DATE REC'D BY LOCAL REG. Aug 18, 1955	REGISTRAR'S SIGNATURE Harvey W. Wheeler	FUNERAL DIRECTOR'S SIGNATURE Wilber L. Schooley - Craig, Mo.

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 Myself....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wilber L. Schoeler.....

Licensed Embalmer No...399..

P. O. Address Craig, 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.