

Health, Welfare and Public Service  
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 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 MEDICAL CERTIFICATION  
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STANDARD CERTIFICATE OF DEATH

1869

STATE FILE NUMBER

FILED FEB 14 1957

Registration District No. 383

Primary Registration District No. 5655

Registrar's No. 13

|   |                                   |  |  |  |   |  |                  |
|---|-----------------------------------|--|--|--|---|--|------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Lawrence</b>  |                                   |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Stone</b> |   |  |                  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Mt. Vernon</b>  |                                   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  | c. CITY OR TOWN <b>Galena</b>  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                  |                  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mo. State Sanatorium</b>   |                                   | Length of stay in lb <b>1094 days</b>  |  | d. STREET ADDRESS (If outside, give location) <b>Route 2</b>   |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                 |                  |
| 3. NAME OF DECEASED (Type or print)<br><b>Harry Albert Riott</b>  |                                   |  | First  | Middle   | Last  | 4. DATE OF DEATH <b>Feb. 8, 1957</b><br>Month Day Year   |                  |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b>     | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <b>June 7, 1888</b>   |  | 9. AGE (In years last birthday) <b>68</b>                       | IF UNDER 1 YEAR  | IF UNDER 24 HRS. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Water hauler</b>   | 10b. KIND OF BUSINESS OR INDUSTRY |  | 11. BIRTHPLACE (City and state or country) <b>Missouri</b>                                   |  | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>                         |  |                  |
| 13. FATHER'S NAME <b>Charles Riott</b>  |                                   |  | 14. MOTHER'S MAIDEN NAME <b>Laura Hayden</b>   |  |   |  |                  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>   |                                   | 16. SOCIAL SECURITY NO. <b>none</b>  |  | 17. INFORMANT <b>State San., Mo. State San., Mt. V rnon, Mo.</b><br>Address  |   |  |                  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Pulmonary Tuberculosis</b>  |                                   |  |  |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 1/2 years</b>   |                  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c)  |                                   |  |  |  |   |  |                  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)<br><b>Diabetes Mellitus</b>  |                                   |  |  |  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b> |                  |
| 20a. ACCIDENT <input type="checkbox"/>  | SUICIDE <input type="checkbox"/>  | HOMICIDE <input type="checkbox"/>  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |  |   |  |                  |
| 20c. TIME OF INJURY<br>Hour g. m. Month, Day, Year p. m.  |                                   |  |  |  |   |  |                  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                   | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  |  | 20f. CITY, TOWN, OR LOCATION   |   | COUNTY   | STATE            |
| 21. I attended the deceased from <b>Feb. 10, 1954</b> to <b>Feb. 8, 1957</b> and last saw <b>him</b> <sup>before</sup> <b>live on 2-7-57</b><br>Death occurred at <b>1:40 a.m.</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |                                   |  |  |  |   |  |                  |
| 22a. SIGNATURE <b>C. A. Brasher M.D.</b> (Degree or title)  |                                   |  |  | 22b. ADDRESS <b>Mt. Vernon, Mo.</b>  |   | 22c. DATE SIGNED <b>2-8-57</b>   |                  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>  |                                   | 23b. DATE <b>2-8-57</b>  | 23c. NAME OF CEMETERY OR CREMATORY   |  | 23d. LOCATION (City, town, or county) (State) <b>Crane, Mo.</b> |  |                  |
| 24. FUNERAL DIRECTOR <b>Max L. Foutt</b> ADDRESS <b>Mt. Vernon, Mo.</b>   |                                   |  | 25. DATE RECD. BY LOCAL REG. <b>2-8-57</b>   |  | 26. REGISTRAR'S SIGNATURE <b>Cecil Hendricks</b>                |  |                  |

(Licensed Embalmer's Statement on Reverse Side)

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 *Max A. Smith* .....

Licensed Embalmer No. *42* .....

P. O. Address *123* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.