

FILED MAY 20 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **16183**

Registration District No. 37 Primary Registration District No. 4044 Registrar's No. 25

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|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Boone</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Sturgeon</b> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN <b>Sturgeon</b> <u>0100</u><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>          |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION ----- |  | Length of stay in lb<br><b>10 years</b>  | d. STREET ADDRESS ----- (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|  |                                  |   |   |  |   |
|--|----------------------------------|---|---|--|---|
| 3. NAME OF DECEASED (Type or print)<br>First <b>Robert</b> Middle <b>H.</b> Last <b>Riley</b>                          |                                  |   | 4. DATE OF DEATH<br>Month <b>May</b> Day <b>14</b> Year <b>1957</b> |  |   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Jan. 25, 1874</b>                            | 9. AGE (In years last birthday)<br><b>83</b> | IF UNDER 1 YEAR<br>Months <b>3</b> Days <b>19</b> Hours ----- Min ----- |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farmer (Retired)</b> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Farm</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Kentucky</b>       | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |   |
| 13. FATHER'S NAME<br><b>James B. Riley</b>   |                                  |   | 14. MOTHER'S MAIDEN NAME<br><b>Ellen Harlan</b>                     |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> |                                  | 16. SOCIAL SECURITY NO.<br><b>None</b>  | 17. INFORMANT<br><b>Mrs. R. H. Riley, Sturgeon, Mo.</b>             |  |   |

|   |  |  |
|---|--|--|
| 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>Acute Circulatory failure</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>Minutes</b><br><b>2 days</b><br><b>2 mos</b>                        |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) <b>Hypostatic Pneumonia</b> |  |
|   | DUE TO (c) <b>Cerebral Hemorrhage</b>  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)<br><b>331x</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 -----<br>a. m. -----<br>p. m. -----   | 20d. INJURY OCCURRED<br>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<br><b>Sturgeon, Mo</b> |

|   |                                     |                                    |
|---|-------------------------------------|------------------------------------|
| 21. I attended the deceased from <b>Feb 19, 1957</b> to <b>May 14, 1957</b> and last saw him alive on <b>May 14, 1957</b><br>Death occurred at <b>4:30 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |                                     |                                    |
| 22a. SIGNATURE (Degree or title)<br><b>Henry J. Stewart D.O.</b>  | 22b. ADDRESS<br><b>Sturgeon, Mo</b> | 22c. DATE SIGNED<br><b>5-15-57</b> |

|   |                                  |   |   |
|---|----------------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>      | 23b. DATE<br><b>May 17, 1957</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Riggs Union Cemetery</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Sturgeon, Mo.</b> |
| 24. FUNERAL DIRECTOR<br><b>Bill J. Meier Sturgeon, Missouri</b> |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>May 18-1957</b>                | 26. REGISTRAR'S SIGNATURE<br><b>Maud M. Bride</b>                     |

(Licensed Embalmer's Statement on Reverse Side)

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

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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 *Bill J. Meadows*.....

Licensed Embalmer No. *4187*

P. O. Address *Sturgeon*

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.