

FILED FEB 3 1958

STANDARD CERTIFICATE OF DEATH

47174

State File No.

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

BIRTH NO. _____		REG. DIST. NO. <u>71</u>		PRIMARY REG. DIST. NO. <u>3012</u>		Registrar's No. <u>136</u>			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).					
a. COUNTY Clay		b. CITY OR TOWN Excelsior Springs		a. STATE Missouri		b. COUNTY Clay			
c. LENGTH OF STAY (in this place) 29 years		c. CITY OR TOWN Excelsior Springs		c. CITY OR TOWN Excelsior Springs		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Kansas Ave. Street				STREET ADDRESS (If rural, give location) 507 North Main					
3. NAME OF DECEASED (Type or Print)		a. (First) LEROY		b. (Middle) RIFFE		c. (Last) RIFFE			
4. DATE OF DEATH (Month) (Day) (Year) DEC. 31, 1957		5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) unknown			
8. DATE OF BIRTH May 3, 1912		9. AGE (In years last birthday) 45		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		11. BIRTHPLACE (City and State or Foreign Country) Camden, MO			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME E. Riffe		13b. MOTHER'S MAIDEN NAME Mrs Edna Riffe		14. NAME OF HUSBAND OR WIFE unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME Ernest Riffe, 624 N. Main, Ex. Spg.		ADDRESS			
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, asthma, 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) unknown				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
II. OTHER SIGNIFICANT CONDITIONS Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Possible Acute Coronary Occlusion				DUE TO (b)					
DUE TO (c)									
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) D. J. Tate and Crown				23b. ADDRESS North Kansas City, Mo		23c. DATE SIGNED 1/4/58			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE* Jan. 3, 1958		24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery		24d. LOCATION (City, town or county) (State) Excelsior Spring, MO.			
DATE REC'D BY LOCAL REG. 1/30/58		REGISTRAR'S SIGNATURE Caroline Hutchings		25. FUNERAL DIRECTOR'S SIGNATURE Hope Funeral Home		ADDRESS Ex. Spgs. MO.			



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..... *Chas. Virgil Hope*

Licensed Embalmer No. *3950*

P. O. Address *Excelsior, 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.