

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020615
STATE FILE NUMBER

HEALTH, WELFARE PUBLIC SERVICE
FILED JUN 13 1958 Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 95

300
1-56

All symptoms will be listed.

Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

4 3 diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lilbourn		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. DeltaComm. Hosp.			Length of stay in 1b 2 Days	d. STREET ADDRESS —		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Adelle Middle — Last Riley				4. DATE OF DEATH Month 5 Day 20 Year 1958			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 11-18-1891	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months — Days — Hours — Min. —	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and state or country) Cario, Michigan		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Henry Hamilton				14. MOTHER'S MAIDEN NAME Anna Silverinod			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Amos Riley, Lilbourn, Mo. Address				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CER-VASCULAR ACCIDENT						INTERVAL BETWEEN ONSET AND DEATH 2 HRS.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CEREBRAL ART-SCLEROSIS, SEVERE							
DUE TO (c) ADHESIVE ARACHNOIDITIS							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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 Hour — Month — Day — Year — a. m. — 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 Sikeston, Mo.		COUNTY — STATE —	
21. I attended the deceased from 5.18.58 to 5.20.58 and last saw her alive alive on 5.20.58 Death occurred at 4:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Carl G. Popper M.D. (Degree or title)				22b. ADDRESS Sikeston, Mo.		22c. DATE SIGNED 5.29.58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-22-58	23c. NAME OF CEMETERY OR CREMATORY Memerorial Park Cem.		23d. LOCATION (City, town, or county) (State) Sikeston, Mo.			
24. FUNERAL DIRECTOR Ponder Funeral Home-Lilbourn, Mo. ADDRESS			25. DATE RECD. BY LOCAL REG. 6-6-58		26. REGISTRAR'S SIGNATURE Marshall Hunter		

DATE RECEIVED 6-9-58

SCOTT CO. HEALTH DEPT.

CO. FILE No. 65'8 -131

SEP 26 1958

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 David L. Ponder

Licensed Embalmer No. 505

P. O. Address Lilbourn, Ill.

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.