

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024464  
State File No.

FILED JUL 21 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 233

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

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirksville</u>		c. LENGTH OF STAY (in this place) <u>30 yrs</u>	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 <u>401 E. Washington</u>		STREET ADDRESS (If rural, give location) <u>401 E. Washington</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Dee</u>	b. (Middle)	c. (Last) <u>Riley</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 14, 1958</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 17, 1882</u>	9. AGE (In years by birthday) <u>76</u>	IF UNDER 1 Year Months	IF UNDER 24 Hours	IF UNDER 60 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Funeral Director</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Funeral</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Schuyler County, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Robert Van Riley</u>	13b. MOTHER'S MAIDEN NAME <u>Roberta Haley</u>	14. NAME OF HUSBAND OR WIFE <u>Laura A. Moore Riley</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, type or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Paul M. Riley, Kirksville, Mo.</u>	ADDRESS
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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 <u>sudden</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		14 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u>		
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? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>4201</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb. 5 to July 14, 1958, that I last saw the deceased alive on July 12, 1958, and that death occurred at 5:00 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>Spencer L. Freeman M.D.</u> (Degree or title)	23b. ADDRESS <u>Kirksville, Mo.</u>	23c. DATE SIGNED <u>7-15-58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/17/58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Hills Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kirksville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-16-1958</u>	REGISTRAR'S SIGNATURE <u>Doris W. Rutledge</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul M. Riley</u> ADDRESS <u>Kirksville Mo</u>
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JUL 23 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 *George W. Sawalt*

Licensed Embalmer No. *4799*

P. O. Address *Kirksville*

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.