

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024930
STATE FILE NUMBER

FILED JUL 24 1958 Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR North Kansas City TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kearney 6000 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital		Length of stay in 1b 4 days	d. STREET ADDRESS (If outside, give location) 2 mi. NW Kearney Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Ida Middle Belle Last Riley			4. DATE OF DEATH Month July Day 15 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 Oct. 21, 1883 74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) near Mosby, Missouri USA
13. FATHER'S NAME Thomas M. Cerum		14. MOTHER'S MAIDEN NAME Elizabeth Groom	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none	17. INFORMANT Reselle Riley, Rt. #1, Kearney, 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) Carcinoma of lungs Metastatic primary lesion Unknown. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bronchitis DUE TO (c) 163X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 6 Mo
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 11:30 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 Kearney, Mo. COUNTY STATE	
21. I attended the deceased from Jan 1958 to July 15, 1958 and last saw her alive on July 15, 1958 Death occurred at 9:15 A m on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE James S. Shillouby MD (Degree or title)		22b. ADDRESS Kearney, Mo	22c. DATE SIGNED 7-17-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-15-58	23c. NAME OF CEMETERY OR CREMATORY Fairview	23d. LOCATION (City, town, or county) (State) Kearney, Mo.
24. FUNERAL DIRECTOR Fry Funeral Home, Kearney, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 7/24/58	26. REGISTRAR'S SIGNATURE Thomas C Durdon

Health, & Welfare Public Health Service
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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.
1940

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE



VS
MAY 19 1960

MAR 22 1961

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 *Ludell Jarman*

Licensed Embalmer No. *45*
P. O. Address *Excelsior Springs*

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.