Dept. Health, Ed., & Welfare U. S. Public Health Service

V. S. 300 Rev. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-029484
STATE FILE NUMBER

FILED AUG 25 1958 Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY Johnson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Warrensburg — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Warrensburg 0512 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Warrensburg Medical Center — Length of stay in 1b 1 day	d. STREET ADDRESS (If outside, give location) 131 W. Gay St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First AMANDA Middle Last RILEY		4. DATE OF DEATH Month August Day 17 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH August 20, 1884
9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. 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 Home	11. BIRTHPLACE (City and state or country) Odessa, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Thomas Barker	13b. MOTHER'S MAIDEN NAME Ivy Warner	14. NAME OF HUSBAND OR WIFE Mr. Delbert Riley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Address Mrs. Rose Gosroski, Warrensburg, Missouri	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Myocardial Infarction	5 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary Occlusion	"
DUE TO (c)	Coronary Sclerosis 4201	"

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Hypertensive Cardio Vascular disease

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8-2-57 to 8-17-1958 and last saw her/him alive on 8-17-58

Death occurred at 10:20 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Keith D. Jones (Degree or title) M.D.	22b. ADDRESS Warrensburg, Missouri	22c. DATE SIGNED 8-18-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-19-1958	23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery,	23d. LOCATION (City, town, or county) (State) Warrensburg, Missouri
24. FUNERAL DIRECTOR ADDRESS R.A. Brauninger, Warrensburg, Missouri	25. DATE RECD. BY LOCAL REG. Aug. 18, 1958	26. REGISTRAR'S SIGNATURE Savannah Crutchfield	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 R. A. Braunsdorf

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.