

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001161

STATE FILE NUMBER

FILED FEB 9 1959 Registration District No. 141 Primary Registration District No. 5554 Registrar's No. 15-

1. PLACE OF DEATH a. COUNTY <i>Howell</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Howell</i>	
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) <i>Petersville, Mo</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <i>Petersville</i> 6460 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb <i>74yrs</i>	d. STREET ADDRESS (If outside, give location) <i>R. D. 2</i> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Lora</i> Middle <i>Riley</i> Last			4. DATE OF DEATH Month <i>1</i> Day <i>16</i> Year <i>1959</i>
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>10-21-1884</i> 74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Wife</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>74</i>
11. BIRTHPLACE (City and state or country) <i>Petersville, Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>W. D. Fox</i>		13b. MOTHER'S MAIDEN NAME <i>Margaret Fanning</i>	14. NAME OF HUSBAND OR WIFE <i>Regis D. Riley</i>
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 <i>L. L. Riley, Petersville, Mo</i> 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) <i>Arteriosclerosis, chr. Cerebral</i> <i>Osteoarthritis, chr.</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <i>Loophexia and Anemia.</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>334X</i>			INTERVAL BETWEEN ONSET AND DEATH
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 COUNTY STATE
21. I attended the deceased from <i>3 Nov '57</i> to <i>16 Jan 59</i> and last saw her alive on <i>6 Jan 1959</i> Death occurred at <i>6:00 P.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>L. L. Riley</i> (Degree or title)		22b. ADDRESS <i>West Plains Mo</i>	22c. DATE SIGNED <i>5 Feb 59</i>
23a. BURIAL, CREMATION, REMAINS (Specify)	23b. DATE <i>1/29-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Union Gravel</i>	23d. LOCATION (City, town, or county) (State) <i>West Plains Mo</i>
24. FUNERAL DIRECTOR <i>Robert W. West Plains Mo</i>		25. DATE RECD. BY LOCAL REG. <i>2-9-59</i>	26. REGISTRAR'S SIGNATURE <i>Thomas C. Dunbar</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1950 MAR 8

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 *J. A. Roberts*

Licensed Embalmer No. *3437*
P. O. Address *Leech House*

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.