Health, & Welfare Public Service

S. 300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002381
STATE FILE NUMBER

FILED JAN 5 1959 Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 310 East 24th — Length of stay in 1b 12 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pettis
c. CITY OR TOWN Sedalia — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 310 East 24th — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Edith Middle Pauline Last Riley

4. DATE OF DEATH Month Jan Day 1 Year 1959

5. SEX Female **6. COLOR OR RACE** White **7. MARRIED** [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH Dec 9 1906 **9. AGE** (In years last birthday) 52 — 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) Home
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Saline Co. Mo
12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Emmett Lower
13b. MOTHER'S MAIDEN NAME Mayme Renno
14. NAME OF HUSBAND OR WIFE John 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 John Riley — Address 310 E 24 Sedalia

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 6 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Diabetes Mellitus — 2 yrs
DUE TO (c) 260.4
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension, Secondary Anemia

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 June 29-1956 to 12-31-58 and last saw her alive on 12-31-58
Death occurred at 1-1-59 12:50 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A. R. Maddox (Degree or title) M.D.
22b. ADDRESS Sedalia Mo
22c. DATE SIGNED 1-2-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-3-59
23c. NAME OF CEMETERY OR CREMATORY Nelson Catholic cem.
23d. LOCATION (City, town, or county) Nelson (State) Mo

24. FUNERAL DIRECTOR McLaughlin Bros. **ADDRESS** Sedalia
25. DATE RECD. BY LOCAL REG. Jan 3 1959
26. REGISTRAR'S SIGNATURE Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

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.

JAN 12 1959

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 .....

Licensed Embalmer No. 3153

P. O. Address .....

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.