

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-008152

STATE FILE NUMBER

FILED FEB 24 1959 Registration District No. 352 Primary Registration District No. 6186 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <b>TANEY</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>WEBSTER</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>BRADLEYVILLE, MO.</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>SKYMOUR</b>		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 1b	d. STREET ADDRESS <b>ROUTE 1</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>RAYMOND</b> Middle <b>ROY</b> Last <b>RILEY</b>			4. DATE OF DEATH Month <b>2</b> Day <b>3</b> Year <b>1959</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>10-3-1893</b>		9. AGE (In years last birthday) <b>64</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>WRIGHT Co. MO.</b>	
13. FATHER'S NAME <b>JOHN RILEY</b>			14. MOTHER'S MAIDEN NAME <b>MARGARET HOOPER</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>493-16-0286</b>		17. INFORMANT <b>JOHN RILEY UTAH, CANIE</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>BROKEN NECK + SUFFOCATION</b>					INTERVAL BETWEEN ONSET AND DEATH <b>INSTANT</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>HANGING</b>					
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input checked="" type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <b>Hung self from tree</b>		
20c. TIME OF INJURY Hour <b>10 am</b> Month <b>2</b> Day <b>3</b> Year <b>59</b>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Woods Bradleyville</b>		20f. CITY, TOWN, OR LOCATION <b>BRADLEYVILLE</b>	
				COUNTY <b>TANEY</b> STATE <b>MO</b>	
21. I attended the deceased from <b>none</b> to <b>none</b> and last saw <b>her</b> alive on <b>none</b> Death occurred at <b>10 am</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Walter S. Cobb Coronor</b>			22b. ADDRESS <b>Taney Mo</b>		22c. DATE SIGNED <b>2-12-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>2-10-59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>MANFIELD Cemetery</b>	
				23d. LOCATION (City, town, or county) (State) <b>WRIGHT Co. MO.</b>	
24. FUNERAL DIRECTOR <b>Robert Bergman</b>			25. DATE RECD. BY LOCAL REG. <b>2-20-59</b>		26. REGISTRAR'S SIGNATURE <b>Aileen Campbell</b>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Max L Miller* .....

Licensed Embalmer No..... *4* .....

P. ●. Address..... *Man...* .....

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 ●WN handwriting.  
If this body is not embalmed, fact should be so stated above.