URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

LED VS OCT 18 1960

NDED

-60-039109

STATE FILE NUMBER

Registration District No. 236 Primary Registration District No. 5819 Registrar's No. 68

1. PLACE OF DEATH
a. COUNTY: Morgan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rural Osage
Length of stay in 1b: 40 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 3 Miles South Gravois Mills
Inside Limits: Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Morgan
c. CITY OR TOWN: Gravois Mills
Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): 3 Miles S. of Gravois Mills
Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First MARGARET Middle Edith Last Riffle
4. DATE OF DEATH: Month October Day 12 Year 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-12-1892
9. AGE (last birthday): 68
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: 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: Housekeeping
11. BIRTHPLACE (City and state or country): Wyandotte KANSAS
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Charles Nathan Myers
13b. MOTHER'S MAIDEN NAME: Winnifred Hill
14. NAME OF HUSBAND OR WIFE: Charles Wilford Riffle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Charles W. Riffle Address: Gravois Mills, Mo.

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): Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 5 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cardiac Decompensation — years
DUE TO (c): Generalized Arteriosclerosis — years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes Mellitus
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
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 1952, to 10-12-60 and last saw him alive on Sept. 1960
Death occurred at 3 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Ray Lyle (Degree or title) M.D.
22b. ADDRESS: Versailles, Mo.
22c. DATE SIGNED: 10-15-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct. 15, 1960
23c. NAME OF CEMETERY OR CREMATORY: ST PATRICKS Cemetery
23d. LOCATION (City, town, or county) (State): Morgan County Missouri
24. FUNERAL DIRECTOR: Scrivner-Stevinson Funeral Home ADDRESS: Versailles, Mo.
25. DATE RECD. BY LOCAL REG.: 10/13/1960
26. REGISTRAR'S SIGNATURE: J L Hostburn

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed James R. Scrimi

Licensed Embalmer No. 4880

P. O. Address Vernalls, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.