

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004349

STATE FILE NUMBER

Registration District No. 361 Primary Registration District No. 4513 Registrar's No. 8

AMENDED

FILED VS FEB 14 1961

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Sullivan</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Green Castle</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>		c. CITY OR TOWN <u>Green Castle</u>	
Length of stay in lb <u>10 years</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>No street address</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Own home</u>				d. STREET ADDRESS (If outside, give location) <u>No street address</u>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>Homer</u>		Middle <u>Adam</u>		Last <u>Riley</u>		Month <u>Feb.</u> Day <u>5,</u> Year <u>1961</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/11/1885</u>	9. AGE (last birthday) <u>75</u>	IF UNDER 1 YEAR		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coal mine</u>		11. BIRTHPLACE (City and state or country) <u>Adair County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>William Riley</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Thompson</u>			14. NAME OF HUSBAND OR WIFE <u>Bertha Riley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____			16. SOCIAL SECURITY NO. _____		17. INFORMANT Address <u>Mrs. Bertha Riley, Green Castle, Mo.</u>		
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) <u>Coronary occlusion</u>						<u>3 days</u>	
DUE TO (b) <u>General Arteriosclerosis</u>						<u>10 years</u>	
DUE TO (c) _____						_____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Gouty Arthritis - 5 years</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 _____ a.m. _____ p.m.		Month, Day, Year _____					
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 <u>Jan 10, 1956</u> to <u>Feb 5, 1961</u> and last saw him alive on <u>Feb 4, 1961</u> Death occurred at <u>5:30 A</u> m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>R.D. Smith D.O.</u> (Degree or title)				22b. ADDRESS <u>Green City, Mo</u>		22c. DATE SIGNED <u>Feb 5, 1961</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2/7/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Green Castle Cemetery</u>		23d. LOCATION (City, town, or county) <u>Green Castle, Mo.</u>		(State)
24. FUNERAL DIRECTOR <u>Blair E. Kent & Son, Green City, Mo.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>2-10-61</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. M. W. Beckwith</u>	

FEB 14 1961

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 Earl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.