

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028688

STATE FILE NUMBER

AMENDED

FILED SEP 5 1961 Primary Registration District No. 5291 Registrar's No.

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Liberty		Length of stay in 1b 18 days	c. CITY OR TOWN Wellington
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1000 f. Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3 miles south West
3. NAME OF DECEASED (Type or print) First Josiah Middle T. Last Riner		4. DATE OF DEATH Month August Day 27 Year '61	
5. SEX M	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/22/1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer & Business		10b. KIND OF BUSINESS OR INDUSTRY Farm	9. AGE (last birthday) 84
11a. BIRTHPLACE (City and state or country) Virginia		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME James Harvey Riner		13b. MOTHER'S MAIDEN NAME Rebecca Davis	
14. NAME OF HUSBAND OR WIFE Dora Gates Riner		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT Mrs. P. E. Riner Lexington, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Artery disease DUE TO (b) Atherosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 August 9 to Aug 27 and last saw ^{her} him alive on Aug 27 Death occurred at 4:35 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ernest Godeon MD (Degree or title)		22b. ADDRESS Liberty Mo	22c. DATE SIGNED 8/29/61 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/29/1961	23c. NAME OF CEMETERY OR CREMATORY City Cemetery	23d. LOCATION (City, town, or county) Wellington, Mo.
24. FUNERAL DIRECTOR J. C. Sheppard Wellington, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 9-5-61	26. REGISTRAR'S SIGNATURE Huntard Wike M.D.

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. Calvin Sheppard

Licensed Embalmer No. 4129

P. O. Address Wellington, N.C.

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.