

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-033079

STATE FILE NUMBER

AMENDED

149 Primary Registration District No. 1002 Registrar's No. 4794

FILED OCT 11 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF J. Stelmach

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in 1b 28 YEARS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4802 JARBOE STREET		d. STREET ADDRESS (If outside, give location) 4802 JARBOE STREET	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last SELVA MAX RILEY			4. DATE OF DEATH Month Day Year SEPT. 25 1961
5. SEX MALE	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 8/27/90
9. AGE (last birthday) 71		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) CARRIER		10b. KIND OF BUSINESS OR INDUSTRY U.S. POST OFFICE	11. BIRTHPLACE (City and state or country) GRAHAM, MISSOURI
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME THOMAS RILEY	
13b. MOTHER'S MAIDEN NAME SUSAN CLARK		14. NAME OF HUSBAND OR WIFE MARIE SAUNDERS RILEY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service.) YES WORLD WAR I		17. INFORMANT Address 4802 JARBOE ST. MARIE SAUNDERS RILEY KANSAS CITY, MO.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease			INTERVAL BETWEEN ONSET AND DEATH Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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)			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 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 Month, Day, Year a.m. p.m.			
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.) 5/24/60	20f. CITY, TOWN, OR LOCATION 9/25/61	COUNTY STATE
21. I attended the deceased from 7:30 A. to 9/25/61 and last saw her/him alive on 9/24/61 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W.J. Stelmach MD		22b. ADDRESS 7951 State Line	
22c. DATE SIGNED 9/25/61			
23a. BURIAL, CREATION, REMOVAL SPECIFY REMOVAL	23b. DATE SEPT. 27, '61	23c. NAME OF CEMETERY OR CREMATOR SENECA CEMETERY	23d. LOCATION (City, town, or county) (State) SENECA KANSAS
24. FUNERAL DIRECTOR ADDRESS D.W. NEWCOMER, S SONS BRUSH, CP KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 9-26-61	26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

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

Signature 

Licensed Embalmer No. 3035

P. O. Address W.C. Lane

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.