

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

5757 **-61-041234**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5757 STATE FILE NUMBER

FILED DEC 11 1961

DATE AMENDED 11-21-1961
 INSTEAD OF
 ITEM NO. SHOULD READ
 24 Muehlebach Mortuary Kansas City, Mo. D.W. Newcomer's Sons 1331 Brush Creek

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY JOHNSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b <i>app. 36 hrs.</i>	c. CITY OR TOWN MISSION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 6029 BUENA VISTA		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MELVIN Middle W. Last RIFFE			4. DATE OF DEATH Month NOVEMBER Day 16 Year 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 8/27/07	9. AGE (last birthday) 54	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Manager		10b. KIND OF BUSINESS OR INDUSTRY COOK PAINT		11. BIRTHPLACE (City and state or country) EIK City, OKLA.	
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME William RIFFE		13b. MOTHER'S MAIDEN NAME Adeline Wilson	
14. NAME OF HUSBAND or WIFE MARGARET RIFFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or (unknown)) (If yes, give war or dates of service) yes W.W. II			
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Arteriosclerotic Coronary Thrombosis DUE TO (c) Arteriosclerotic Heart Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) 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				INTERVAL BETWEEN ONSET AND DEATH 2 days	
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 May 1956 to 11/16/61 and last saw him alive on 11/16/61 Death occurred at 3:15 A. on the date stated above and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Robert W. Hamill MD (Degree of title)			22b. ADDRESS Kansas City Mo		22c. DATE SIGNED 11/16/61
23a. BURIAL, CREMATION, REMOVAL (Specify) CRIAL		23b. DATE 11/20/61	23c. NAME OF CEMETERY OR CREMATORY Leavenworth NATIONAL		23d. LOCATION (City, town, or county) (State) Leavenworth, KANSAS
24. FUNERAL DIRECTOR Muehlebach ADDRESS 1331 BRUSH CR.		25. DATE RECD. BY LOCAL REG. 11-17-61		26. REGISTRAR'S SIGNATURE Ruth Long	

BY AFFIDAVIT OF Funeral Director
 MEDICAL CERTIFICATION
 W. Hamill

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 Chester K Brown

Licensed Embalmer No. 4931

P. O. Address K & M

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.