

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-002324

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 13

FILED JAN 16 1962

| | | | | | | | |
|--|--|---|--|---|--|--|--|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY Jasper | | b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Mineral Township | | a. STATE Missouri | | b. COUNTY Jasper | |
| c. FULL NAME OF HOSPITAL OR INSTITUTION Elmhurst | | Length of stay in 1b 1 year | | c. CITY OR TOWN Waco | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (if outside, give location) | | | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) | | | | 4. DATE OF DEATH | | | |
| First MARY | | Middle L. | | Last RILEY | | Month Day Year Jan. 9 1962 | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 3-11-1881 | |
| 9. AGE (last birthday) 80 | | 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) store owner | | | | 10b. KIND OF BUSINESS OR INDUSTRY Grocery store | | 11. BIRTHPLACE (City and state or country) Pittsburg, Kansas | |
| 12. CITIZEN OF WHAT COUNTRY U S A | | | | | | | |
| 13a. FATHER'S NAME Ernest Goedeke | | | | 13b. MOTHER'S MAIDEN NAME Louise Brauner | | 14. NAME OF HUSBAND OR WIFE Jesse Riley (Dec'd) | |
| 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. | | 17. INFORMANT Clarence Riley, 1601 Valley, Joplin | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | | | | | |
| IMMEDIATE CAUSE (a) Pneumonitis INTERVAL BETWEEN ONSET AND DEATH 36 hours | | | | | | | |
| DUE TO (b) Cerebral hemorrhage 1 week | | | | | | | |
| DUE TO (c) Arteriosclerosis 2 years | | | | | | | |
| 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. Month, Day, Year 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.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from Dec. 6, 1961 to Jan. 3, 1962 and last saw her alive on Jan. 3, 1962 Death occurred at 12:25 A m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <i>Louise H. Ferguson M.D.</i> | | | | 22b. ADDRESS Joplin, Mo. | | 22c. DATE SIGNED 1/9, 62 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 1-12-1962 | | 23c. NAME OF CEMETERY OR CREMATORY Waco Cemetery | | 23d. LOCATION (City, town, or county) (State) Waco, Mo. | |
| 24. FUNERAL DIRECTOR Don Roney, Carl Junction, Mo. | | | | 25. DATE RECD. BY LOCAL REG. 1-12-1962 | | 26. REGISTRAR'S SIGNATURE <i>Mrs. Madeline Switzer</i> | |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

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 Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City

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.