. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23119

Registration District No. 337 Primary Registration District No. 4499 Registrar's No. 61

1. PLACE OF DEATH:
(a) County Shelby
(b) City or town Shelbina, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Thurman's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Hours (Specify whether
In this community Two Month's years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Shelby 102
(c) City or town Lakenan, Missouri 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country None

3. (a) PRINT FULL NAME Donald Phillip Riley
3. (b) If veteran, name war World War-II
3. (c) Social Security No. X
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 1- (Month) 13- (Day) 1927 (Year)

8. AGE: Years	Months	Days	If less than one day
20	4	12	hr. min.

9. Birthplace Shelby County (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Student
11. Industry or business
FATHER
12. Name Edward L. Riley 0
13. Birthplace Shelby County, (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Ellen Maker
15. Birthplace Monroe County, (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant Edward L. Riley
(b) Address Lakenan, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-27-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Shelbina, Missouri
18. (a) Signature of funeral director Million & Barkelew
(b) Address Shelbina, Missouri
19. (a) June 2-47 (Date received local registrar) (b) Ruth Joyner (Registrar's signature) 209

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5- day 25- year 1947 hour 4: minute 45 AM.
21. I hereby certify that I attended the deceased from 5-24, 1947 to 5-25, 1947 that I last saw him alive on 5-25, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Secondary shock	
Due to Lacerations & blows	
Due to Auto accident	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 69
(b) Date of occurrence 5-24-47
(c) Where did injury occur? Paris (City or town) Monroe (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway 15 (Specify type of place)
While at work? (e) Means of injury 2
23. Signature W. L. Thurman (M. D. or other) DO
Address Shelbina, MO Date signed 5-27

(Licensed Embalmer's Statement on Reverse Side) Coll. with other M. vehicle

OCT 31 1947

RECEIVED
District Health Officer No. 10
District File Number 6:47:717
Date Filed JUN 17 1947

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 James D. Davis, Registered Apprentice No. 443, working under my personal supervision.

Signed C W Hawkins

Licensed Embalmer No. 3498

P. O. Address Shelbina 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 this body is not embalmed, fact should be so stated above.