No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 3 1947
Registration District No. 32

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3006

State File No. 37056 (Copy)
Registrar's No. 246

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Noyes Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 32 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Boone 10
(c) City or town: Columbia 2 4
(If outside city or town limits, write "RURAL")
(d) Street No.: 133 Edgewood Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: MORRIS RIBACK
3. (b) If veteran, name war: None
3. (c) Social Security No.:
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: Annie Greenspon Riback
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: 11 (Month) - 15 (Day) - 1882 (Year)

8. AGE: Years 65 | Months 0 | Days 0 | If less than one day ..... hr. 1 min.
9. Birthplace: Russia 6 (City, town, or county) (State or foreign country)
10. Usual occupation: Co-owner Riback Pipe & Steel Co.
11. Industry or business:
FATHER 12. Name: Nathan Riback
13. Birthplace: Russia 6 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Unknown
15. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Morris Riback
(b) Address: 133 Edgewood Ave., Columbia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Columbia Cemetery
18. (a) Signature of funeral director: Parker Funeral Service
(b) Address: Columbia, Mo.
19. (a) Nov. 18 1947 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: Nov. day: 15
year: 1947 hour: 12 minute: 05 P. M.
21. I hereby certify that I attended the deceased from November 12 -, 1947 to November 15 1947
that I last saw him alive on Nov. 15, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute Pulmonary oedema	3 days
Due to: acute myocardial decompensation	4 days
Due to: Chronic Myocardial degeneration	8 years
Other conditions (Include pregnancy within 3 months of death): arterial Hypertension	6 years

Major findings:
Of operations: 0
Of autopsy: 0

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: Maurice E Cooper (M. D. or other) M.D.
Address: Columbia, Mo. Date signed: Nov. 17 1947

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed DEC 2 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 ..... Registered Apprentice No. ..... working under my personal supervision.

Signed Thos L Waring

Licensed Embalmer No. 4132

P. O. Address Columbia, Pa

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.