

FILED MAY 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14733**

BIRTH NO. _____ REG. DIST. NO. **2** PRIMARY REG. DIST. NO. **4004** Registrar's No. **334**

1. PLACE OF DEATH a. COUNTY Andrew		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Andrew	
b. CITY OR TOWN Bolckow	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Bolckow	0
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Ambrose b. (Middle) Lewis c. (Last) Riley			4. DATE OF DEATH (Month) (Day) (Year) May 10 1949		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Aug. 9, 1879	9. AGE (In years last birthday)	10. UNDER 1 YEAR	11. UNDER 1 MONTH	12. UNDER 1 DAY	13. UNDER 1 HOUR	14. UNDER 1 MIN.
		Married		69	9	1			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Andrew Co Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME William Riley		13b. MOTHER'S MAIDEN NAME Rebecca Ann Peetey		14. NAME OF HUSBAND OR WIFE Iva Riley Mo	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Iva Riley Bolckow Mo		18. ADDRESS Bolckow Mo	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				151X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **2-4**, 19**48**, to **5-10**, 19**49**, that I last saw the deceased alive on **5-10**, 19**49**, and that death occurred at **3:40** a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr W. Logan Wood		23b. ADDRESS Bolckow Mo		23c. DATE SIGNED 5-11-1949	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 5-12-1949		24c. NAME OF CEMETERY OR CREMATORY Bolckow		24d. LOCATION (City, town, or county) (State) Bolckow Mo	
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DATE REC'D BY LOCAL REG. 5-12-49		REGISTRAR'S SIGNATURE Lillian Sparks		25. FUNERAL DIRECTOR'S SIGNATURE Breit Funeral Home		ADDRESS Spaannah Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed.....

R. Lester Brown

Licensed Embalmer No. *4472*

P. O. Address *Suttons*

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.