

FILED AUG 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23603
3118

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>4 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>833 W 59th St Terr</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>33 West 59th St. Terr. 1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u> b. (Middle) <u>O.K.</u> c. (Last) <u>Riley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 18 1949</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>6-28-1858</u>		9. AGE (In years last birthday) <u>91</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>		11. BIRTHPLACE (State or foreign country) <u>New York</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Nicholas Hutcheson</u>		13b. MOTHER'S MAIDEN NAME <u>Lorinda Hutcheson</u>		14. NAME OF HUSBAND OR WIFE <u>Frank P. Riley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>XX</u>		16. SOCIAL SECURITY NO. <u>XX</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Arnold L. Starr, 833 W. 59th St. Terr</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>8 months</u> <u>4 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma - recto sigmoid</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized metastasis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>154A</u>			

19a. DATE OF OPERATION <u>April 28 49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Generalized metastasis from Carcinoma of recto sigmoid</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from April 19, 1949, to July 16, 1949, that I last saw the deceased alive on July 17, 1949, and that death occurred at 4:20 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Blaine Z. Hibbard MD</u> (Degree or title)		23b. ADDRESS <u>411 Alameda Rd. K.C. Mo</u>		23c. DATE SIGNED <u>July 18, 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>7-18-49</u>		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) (State) <u>Spencer, Iowa</u>					

DATE REC'D BY LOCAL REG. <u>7-18-49</u>		REGISTRAR'S SIGNATURE <u>Heraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE AND MCCLURE, Kansas City, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

711 Almeida

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 *[Signature]*
Licensed Embalmer No. *215*
P. O. Address *[Signature]*

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri
County of Jackson } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 23603-47
Local Registrar's No. 3118

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 10th day of November, 1949, before me appears Nellie Riley Starr
who, upon her oath, states that the original record of ^{birth} death
for Sarah L. Riley died July 18, 1949, in the State of
Missouri, and which was filed at Kansas City on July 18, 1949, should be corrected as follows:

- Item No. 3 should read Sarah O. Riley
Instead of Sarah L. Riley
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief
(SEAL) Affiant: Nellie Riley Starr Relationship: Daughter
833 W. 59th Terrace
Present Address.

Subscribed and sworn to before me this 10th day of November, 1949.

My Commission expires Oct. 21, 1951 Barrie M. Ruppelius Notary Public.

