

FILED AUG 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24466

| | | | | | | | | | |
|--|--|--|-----------------------------------|---|-------------|--|-----------------|--|--|
| BIRTH NO. | | REG. DIST. NO. 301 | | PRIMARY REG. DIST. NO. 6042 | | Registrar's No. 45 | | | |
| 1. PLACE OF DEATH a. COUNTY RIPLEY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY Ripley | | | | | |
| b. CITY OR TOWN RURAL - VARNER TOWNSHIP | | c. LENGTH OF STAY (in this place) 4 MONTHS | | c. CITY OR TOWN RURAL - VARNER TOWNSHIP | | 91 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 2 MI EAST + North of OXLY | | | | d. STREET ADDRESS (If rural, give location) 2 m. Northeast of OXLY | | | | | |
| 3. NAME OF DECEASED (Type or Print) RILEY | | | a. (First) | | b. (Middle) | | c. (Last) Young | | |
| 4. DATE OF DEATH (Month) (Day) (Year) 6-28-1949 | | 5. SEX MALE | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | | 8. DATE OF BIRTH 12-25-1872 | |
| 9. AGE (In years last birthday) 76 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER | | 10b. KIND OF BUSINESS OR INDUSTRY LABORER | | 11. BIRTHPLACE (State or foreign country) MISSOURI | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME UNKNOWN | | | 13b. MOTHER'S MAIDEN NAME UNKNOWN | | | 14. NAME OF HUSBAND OR WIFE UNKNOWN | | | |
| 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. NONE | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ripley County welfare office - Doniphan, Mo. | | | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANGINA PECTORIS 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. HYPERTENSION | | | | | | INTERVAL BETWEEN ONSET AND DEATH 4 | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION none | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) none | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Maylor Ripley MO | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 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 May 10, 1949, to June 28, 1949, that I last saw the deceased alive on May 10, 1949, and that death occurred at 9:40 A.M., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE M Stewart | | | | (Degree or title) M | | 23b. ADDRESS Maylor Mo | | 23c. DATE SIGNED 7/30/49 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 6-30-1949 | | 24c. NAME OF CEMETERY OR CREMATORY Doniphan Cemetery | | 24d. LOCATION (City, town, or county) (State) Doniphan MO | | | |
| DATE REC'D BY LOCAL REG. 7-7-49 | | REGISTRAR'S SIGNATURE E W Johnston | | 277 | | 25. FUNERAL DIRECTOR'S SIGNATURE I W Edwards | | ADDRESS Doniphan Mo | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-6-49
District Health Officer No. 5,
District File Number. 849563
Date Filed 8-8-49

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.

Signed Carl B. Bird

Signed _____
Student Embalmer

Licensed Embalmer No. 4306

P. O. Address Denipshaw, 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.