

FILED FEB 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 287

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>111</u>		
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>4da</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Meth. Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>710 So 19th St.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gladys</u>			b. (Middle) <u>Mary</u>		c. (Last) <u>Riley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 28, 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 11, 1897</u>		9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 Wk. Hours _____ Min. _____	
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 _____		11. BIRTHPLACE (State or foreign country) <u>Agency, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Willis C. Hamilton</u>			13b. MOTHER'S MAIDEN NAME <u>Fannie Kilian</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. S. Riley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>494-32-5843</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm. S. Riley St. Joseph, Mo.</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes m. COMA.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Marked Obesity</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 wks</u> <u>YRS</u> <u>2 wks</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gluteal Abscess</u>	19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____					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) <u>260X</u>				
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 <u>1:25</u> , <u>1950</u> , to <u>1:28</u> , <u>1950</u> , that I last saw the deceased alive on <u>1/28</u> , <u>1950</u> , and that death occurred at <u>1:40 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Wm. S. Jenkins M.D.</u>				23b. ADDRESS <u>St. Joseph Mo.</u>		23c. DATE SIGNED <u>1-31-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 31, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Agency Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Agency, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Feb. 3, 1950</u>		REGISTRAR'S SIGNATURE <u>G. S. Jenkins</u> <u>382</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Barry Funeral Home St. Joseph, Mo.</u>				

(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.

Signed Victor J. Barry

Signed
Student Embalmer

Licensed Embalmer No. 4212

P. O. Address St Joseph 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.