

FILED JAN 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 560

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 3014 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Cly</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cly</u>	
b. CITY OR TOWN <u>Liberty</u>		c. CITY OR TOWN <u>Liberty</u>	
c. LENGTH OF STAY (in this place) <u>30 years</u>		d. STREET ADDRESS (If rural, give location) <u>210 W. Franklin St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>210 W. Franklin st.</u>		e. STREET ADDRESS (If rural, give location) <u>210 W. Franklin St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Adeline</u>		b. (Middle) <u>Riley</u>	
c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 8-50</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar. 7-1867</u>
9. AGE (In years last birthday) <u>82</u>		10. IF UNDER 1 YEAR <u>10</u> Days	11. IF UNDER 4 HRS. <u>1</u> Hours <u>1</u> 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>Clay County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Geo. Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Mery Harris</u>	
14. NAME OF HUSBAND OR WIFE <u>George Riley</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles Smith</u> ADDRESS <u>Kearney 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Constrictive Heart Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Malnutrition and Semility</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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) _____	
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? _____			
22. I hereby certify that I attended the deceased from <u>DEC 19, 1949</u> , to <u>JAN 7, 1950</u> , that I last saw the deceased alive on <u>JAN 7, 1950</u> , and that death occurred at <u>8:15 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>James H. Hill, M.D.</u>		23b. ADDRESS <u>Liberty Mo.</u>	
23c. DATE SIGNED <u>1-10-50</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Jan. 10-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>	
24d. LOCATION (City, town, or county) (State) <u>Kearney Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>George Greer Co.</u> ADDRESS <u>Liberty Mo.</u>	
DATE REC'D BY LOCAL REG. <u>JAN - 10 - 1950</u>		REGISTRAR'S SIGNATURE <u>Minnie Hayes</u> 64	

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

2241

RECEIVED JAN 16
District Health Officer No. 8,

District File Number.....

Date Filed 1-16-50

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 John L. Lohrey

Licensed Embalmer No. 4448

P. O. Address Liberty 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.