

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13678

State File No.

BIRTH NO. REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 321

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

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| 1. PLACE OF DEATH a. COUNTY <u>Lawrence</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u> | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Mt. Vernon</u>) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Thayer</u> <u>0750</u> | |
| c. LENGTH OF STAY (In this place) <u>33</u> days | | d. STREET ADDRESS (If rural, give location) <u>Star Route</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. State Sanatorium</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> | b. (Middle) <u>W.</u> | c. (Last) <u>Riley</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>4 - 22 - 50</u> |
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|--------------------|-------------------------------|---|----------------------------------|---|-----------------------------|----------------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>12-21-77</u> | 9. AGE (In years last birthday) <u>72</u> | IF UNDER 1 YEAR Months Days | IF UNDER 4 HRS. Hours Min. |
|--------------------|-------------------------------|---|----------------------------------|---|-----------------------------|----------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Patrick B. Riley</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Ella Riley</u> |
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| 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>499-12-0561</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Ruby Ann Wilson, Mo. State San.</u> ADDRESS <u>Mt. Vernon, Mo.</u> |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tuberculosis</u> | | | About |
| | 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. | | | <u>002X</u> | |

| | | |
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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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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| | | |
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| 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 3-19-, 19 50, to 4-22-, 19 50, that I last saw the deceased alive on 4-22-, 19 50, and that death occurred at 7:00A. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Mt. Vernon, Mo. Missouri State Sanatorium</u> | 23c. DATE SIGNED <u>4-22-50</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u> | 24b. DATE <u>April 22, 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Not known</u> | 24d. LOCATION (City, town, or county) (State) <u>Thayer, Mo</u> |
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| DATE REC'D BY LOCAL REG. <u>April 25, 1950</u> | REGISTRAR'S SIGNATURE <u>Cecil Hendricks</u> 411 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>George B. Orr</u> ADDRESS <u>Mt. Vernon, Mo.</u> |
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RECEIVED APR 27 1950
District Health Office No. 6,
District File Number 450-486
Date Filed 4-27-50

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 George A. Owen
Licensed Embalmer No. 946
P. O. Address 7th Terrace 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.