

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 24 1950

State File No. 33184

BIRTH NO. _____ REG. DIST. NO. 130 PRIMARY REG. DIST. NO. 4196 Registrar's No. 162

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Darlington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Darlington 0380</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Elias</u>	b. (Middle) <u>NIMM</u>	c. (Last) <u>Riley</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 16-1950</u>
-------------------------------------	-------------------------	-------------------------	------------------------	---

5. SEX <u>0</u>	6. COLOR OR RACE <u>Male white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 30, 1868</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>16</u>	IF UNDER 1 HRS. Hours <u></u> Min. <u></u>
-----------------	------------------------------------	---	--	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Nodaway Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
--	-----------------------------------	---	--

13a. FATHER'S NAME <u>Jacob Riley</u>	13b. MOTHER'S MAIDEN NAME <u>Abigail C. Wood</u>	14. NAME OF HUSBAND OR WIFE <u>Abbie Collins</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)	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. E. N. Riley - Darlington, Mo.</u>	ADDRESS
---	--	---	---------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</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) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>		331A	

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) (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 Sept 26, 1950, to Oct 16, 1950, that I last saw the deceased alive on Oct 16, 1950, and that death occurred at 7 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul C. Muralman M.D.</u>	23b. ADDRESS <u>Stanbery Mo</u>	23c. DATE SIGNED <u>10-19-50</u>
---	---------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 18-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Brairie Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Denver, Missouri</u>
---	-------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>Oct 20-1950</u>	REGISTRAR'S SIGNATURE <u>Eduard Shilde</u> 430	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chiffon Brooke</u> ADDRESS <u>Albany Mo</u>
---	--	---

WRITE PLAINLY—USING UNFAADING 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 me

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. 3329

P. O. Address Albany Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.