

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 9 1950

State File No. 37220
4904

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY | | c. LENGTH OF STAY (In this place) OR TOWN 9 YEARS | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 209 EAST-66TH STREET | | d. STREET ADDRESS (If rural, give location) 209 EAST-66TH STREET | |
| 3. NAME OF DECEASED (Type or Print) a. (First) HOPE b. (Middle) JEANNETTE c. (Last) RILEY | | 4. DATE OF DEATH (Month) (Day) (Year) NOV-20-1950 | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH DEC-27-1915 |
| 9. AGE (In years last birthday) 34 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | 11. BIRTHPLACE (State or foreign country) ILLINOIS |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |

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| 13a. FATHER'S NAME GEORGE GOULD | 13b. MOTHER'S MAIDEN NAME MARGARET ROONEY | 14. NAME OF HUSBAND OR WIFE EBER J. RILEY |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT'S SIGNATURE OR NAME MR. EBER J. RILEY ADDRESS 209 EAST-66TH ST. KANSAS CITY MO. |
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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage | | INTERVAL BETWEEN ONSET AND DEATH 2 days |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last- DUE TO (b) Skull Fracture in 1927 DUE TO (c) | | 13 years |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 351A | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) |
| 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 **Jan 13, 1950**, to **20 Nov., 1950**, that I last saw the deceased alive on **20 Nov., 1950**, and that death occurred at **1:30 P. m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE Gordon P. Barnett (Degree or title) M.D. | 23b. ADDRESS 6333 Brookside Plaza | 23c. DATE SIGNED 20 Nov 50 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE Nov-21-1950 | 24c. NAME OF CEMETERY OR CREMATORY ST. JAMES CEMETERY | 24d. LOCATION (City, town, or county) (State) KENOSHA WISCONSIN |
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| DATE REC'D BY LOCAL REG. 11-21-50 | REGISTRAR'S SIGNATURE Sheraldine Holmes | 25. FUNERAL DIRECTOR'S SIGNATURE W.H. Newcomer Sons ADDRESS 1331-39TH GREEN KANSAS CITY MO. |
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Paul L. Daniel

Signed.....
Student Embalmer

Licensed Embalmer No. *4702*

P. O. Address *Kansas City, 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.