No. 300
10.48

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

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7605

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 296

1. PLACE OF DEATH

a. COUNTY: Buchanan

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph

c. LENGTH OF STAY (In this place): Lifetime

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri b. COUNTY: Buchanan

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 0117

d. STREET ADDRESS (If rural, give location): 1207 5th Ave. 0

3. NAME OF DECEASED (Type or Print): a. (First) Violet b. (Middle) Margaret c. (Last) Riley

4. DATE OF DEATH (Month) (Day) (Year): March 13, 1951.

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: January 11, 1906

9. AGE (In years last birthday): 45 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Amazonia, Missouri. 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Thomas Scott

13b. MOTHER'S MAIDEN NAME: Bessie Jones

14. NAME OF HUSBAND OR WIFE: Jesse F. Riley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): ******

16. SOCIAL SECURITY NO.: 491-09-3225

17. INFORMANT'S SIGNATURE OR NAME: Jesse F. Riley **ADDRESS**: St. Joseph, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 3 mos 10 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Virus Pneumonia — 3 mos 3 days

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Thrombophlebitis — 492 x

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 12, 1951, *to* March 13, 1951, *that I last saw the deceased alive on* March 12, 1951 *and that death occurred at* 5:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Guy Redmond, MD.

23b. ADDRESS: St Joseph, Mo.

23c. DATE SIGNED: 3-13-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Mar. 15, 1951.

24c. NAME OF CEMETERY OR CREMATORY: Ashland Cemetery

24d. LOCATION (City, town, or county) (State): St. Joseph, Missouri.

DATE REC'D BY LOCAL REG.: Mar 16, 1951

REGISTRAR'S SIGNATURE: Carl C. Castillo

25. FUNERAL DIRECTOR'S SIGNATURE: Martin Meierhoffer **ADDRESS**: St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Albert C. Harrington

Licensed Embalmer No. 258 Missouri.

P. O. Address St. Joseph, Missouri.

Signed **** ****
Student Embalmer

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.