

FILED APR 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11496

11496

No. 300

0060

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

BIRTH NO. _____		REG. DIST. NO. <u>14</u>		PRIMARY REG. DIST. NO. <u>5064</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>Barton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Armadia, Kan Rural</u>		c. LENGTH OF STAY (in this place) <u>73</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Armadia Kan Rural Perry Prop</u>		d. STREET ADDRESS (If rural, give location) <u>0060</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Armadia, Kans Rural</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERT</u> b. (Middle) <u>I</u> c. (Last) <u>RILEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 14 1951</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb 17 1878</u>		9. AGE (In years last birthday) <u>73</u>	10. MONTHS <u>1</u>	11. DAYS <u>1</u>
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 <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Starland, Kans</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>John M. Riley</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Kelley</u>		14. NAME OF HUSBAND OR WIFE <u>Nancy Riley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME & ADDRESS <u>Nancy Riley Armadia, Kans</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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 weeks</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.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1/201</u>					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 <u>3/5</u> , 19 <u>51</u> , to <u>3/14</u> , 19 <u>51</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>John Aldis</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>209 S. Main, Ft. Scott, Mo.</u>		23c. DATE SIGNED <u>3/26/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>3-16-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shiloh</u>		24d. LOCATION (City, town, or county) (State) <u>Armadia, Kan Rural</u>		
DATE REC'D BY LOCAL REG. <u>April 14, 1951</u>		REGISTRAR'S SIGNATURE <u>Charlotte McDowell</u> <u>420</u>		25. FUNERAL DIRECTOR'S SIGNATURE & ADDRESS <u>H.T. Mooneyhan</u> <u>Armadia, Kan</u>			

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED APR 18 1951

Dist. File 451-836

Date Filed 4-19-51

---

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.....

my self  
.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed N.T. Mooneyhan  
.....

Licensed Embalmer No. 3616

P. O. Address Aradisa, Kansas

**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.