

FILED APR 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11695**

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>5123</u>		Registrar's No. <u>474</u>		
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Buchanan</u>				
b. CITY OR TOWN <u>Agency Twp Rural R.1 Agency</u>		c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY OR TOWN <u>Agency, Rural Agency TWP.</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>				d. STREET ADDRESS (If rural, give location) <u>R. F. D. #1</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>P.</u> c. (Last) <u>Riley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 15 1951</u>					
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Jan. 26, 1884</u>		9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____	
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>Buchanan Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>W. P. Riley</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Tuck</u>		14. NAME OF HUSBAND OR WIFE <u>Widowed</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>E. L. Riley</u> ADDRESS <u>Holden, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)								
MEDICAL CERTIFICATION								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary thrombosis</u>						INTERVAL BETWEEN ONSET AND DEATH		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.								
ANTECEDENT CAUSES								
DUE TO (b) <u>Hypertension</u>								
DUE TO (c) <u>chronic myocarditis</u>								
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>4201</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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>27, 1948, 19</u> , to <u>4-4-51</u> , 19 <u>51</u> that I last saw the deceased alive on <u>4-4</u> , 19 <u>51</u> , and that death occurred at <u>6 a. m.</u> , <u>4-15-51</u> from the causes and on the date stated above.								
23a. SIGNATURE <u>E. L. Riley</u> (Degree or title) <u>M. D.</u>			23b. ADDRESS <u>311 Physician & Surgeons Bldg., St. Joseph, Mo.</u>			23c. DATE SIGNED <u>4-16-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/17/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>no. 6 cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>So. W. Gower Mo.</u>			
DATE REC'D BY LOCAL REG. <u>April 19, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casto</u>		FUNERAL DIRECTOR'S SIGNATURE <u>John H. Murray</u>		ADDRESS <u>Gower Mo.</u>		

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

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working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed John H. Murray

Licensed Embalmer No. 2893

P. O. Address Lower 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.