

FILED JUN 7 1951

STANDARD CERTIFICATE OF DEATH

State File No. 17357

BIRTH NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 4326 Registrar's No. 21

660
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1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Md.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clear		b. COUNTY Miller	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clear 0660	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)		a. (First) EIA		b. (Middle) ANN		c. (Last) RILEY		4. DATE OF DEATH (Month) (Day) (Year) May 29, 1951			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Oct. 18, 1874		9. AGE (In years last birthday)		10. MONTHS		11. HOURS	
10a. USUAL OCCUPATION (This kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Sherburn, Maine			12. CITIZEN OF WHAT COUNTRY? U.S.A.				

13a. FATHER'S NAME Edward Riley		13b. MOTHER'S MAIDEN NAME Bess Peacock		14. NAME OF HUSBAND OR WIFE Geo. J. Riley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Nellie Sattermen	
				ADDRESS Clear Md	

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of pancreas		INTERVAL BETWEEN ONSET AND DEATH 5 months
	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 157x	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 3-15-1951, to 5-29-1951, that I last saw the deceased alive on 5-29-1951, and that death occurred at 7:35 P.m., from the causes and on the date stated above.

23a. SIGNATURE Carl J. Bunker Jr M.D.	(Degree or title)	23b. ADDRESS Eldon, Mo	23c. DATE SIGNED 5-31-51
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE June 1, 1951	24c. NAME OF CEMETERY OR CREMATORY Eldon	24d. LOCATION (City, town, or county) (State) Eldon Mo.
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DATE REC'D BY LOCAL REG. June 1, 1951	REGISTRAR'S SIGNATURE Alveretta Walter	1920	25. FUNERAL DIRECTOR'S SIGNATURE Louis N. Phillips	ADDRESS Eldon
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

JUN 5 1951

MILWAUKEE COUNTY HEALTH
DEPARTMENT

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.

Signed.....
Student Embalmer

Student Embalmer No.
Signed *Francis A. Sullivan*
Licensed Embalmer No. *3669*
P. O. Address *Lodona*

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.