

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **31024**

FILED SEP 26 1951

BIRTH NO.		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 295	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia		c. LENGTH OF STAY (in this place) 21 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Sedalia			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1502 S. Prospect				d. STREET ADDRESS (If rural, give location) 1502 S. Prospect			
3. NAME OF DECEASED (Type or Print)		a. (First) Amelia		b. (Middle) Ann		c. (Last) Case	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		4. DATE OF DEATH (Month) (Day) (Year) Septell, 1951	
8. DATE OF BIRTH July 6, 1874		9. AGE (In years last birthday) 77		10. IF UNDER 1 YEAR Days 2 Hours 5		11. IF UNDER 2 HRS. Hours 5 Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (State or foreign country) Carroll County, Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Leslie Riley		13b. MOTHER'S MAIDEN NAME Nancy A. France Riley		14. NAME OF HUSBAND OR WIFE Wesley O. Case			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Wesley O. Case, Sedalia, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis INTERVAL BETWEEN ONSET AND DEATH 6 yrs ANTECEDENT CAUSES Morbidity 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. Chronic Hypertension 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 4214				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 June 10, 1947 , to Sept. 11, 1951 , that I last saw the deceased alive on Sept. 10, 1951 , and that death occurred at 10:45 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE W. L. L. L. L. L.		(Degree or title) M.D.		23b. ADDRESS 1116 W. 3rd St. Sedalia, Mo.		23c. DATE SIGNED 9/12/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 14 51		24c. NAME OF CEMETERY OR CREMATORY Manila Cemetery		24d. LOCATION (City, town, or county) (State) Manila, Missouri	
DATE REC'D BY LOCAL REG. 9/14/51		REGISTRAR'S SIGNATURE W. L. L. L. L.		25. FUNERAL DIRECTOR'S SIGNATURE W. L. L. L. L.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 9-25-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-25-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

P. E. Baker

Signed _____

Student Embalmer

Licensed Embalmer No. 2419

P. O. Address

Sedalia 8310

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.