

S. No. 300
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5161

DATE OF DEATH DEC 6 1952 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>40 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>5 W 6th St 3120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1112 E 9th St</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>John</u> c. (Last) <u>Riley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-21-52</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>10-12-1881</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Buffalo N.Y.</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Do not know</u>	13b. MOTHER'S MAIDEN NAME <u>Do not know</u>	14. NAME OF HUSBAND OR WIFE _____
---------------------------------------	--	-----------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>	16. SOCIAL SECURITY NO. <u>506-20-8958</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Coroner Office</u>	ADDRESS <u>KCMO</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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>795</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause of death unknown</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>No Relations</u>	

20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23. SIGNATURE <u>Hugh H. Owens</u> (Degree or title) <u>Coroner 3</u>		23b. ADDRESS <u>1034 Quail Blvd</u>		23c. DATE SIGNED <u>11-25-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11-24-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Kansas</u>		
DATE REC'D BY LOCAL REG. <u>11-25-52</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Passantino Bros</u> ADDRESS <u>KCMO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

3

15

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed H. LeRoy Mooney

Licensed Embalmer No. 4776

P. O. Address K C MD

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.