S. No. 300
v. 10.48

FILED NOV 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39461

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 375

0644

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

1. PLACE OF DEATH
a. COUNTY: Marion.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal, Missouri.
c. LENGTH OF STAY (in this place): 2 Wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): StElizabeth Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri. b. COUNTY: Ralls.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Perry, Missouri. 0870
d. STREET ADDRESS (If rural, give location): Perry, Missouri.

3. NAME OF DECEASED (Type or Print)
a. (First): Alvin b. (Middle): T. c. (Last): Riley.

4. DATE OF DEATH (Month) (Day) (Year): Nov, 9, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan, 8, 1877
9. AGE (In years last birthday): 75 — If under 1 year: Months 10 Days 1 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer.
10b. KIND OF BUSINESS OR INDUSTRY: R.R. Section
11. BIRTHPLACE (City and State or Foreign Country): Monroe County, Missouri.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Thomas Riley
13b. MOTHER'S MAIDEN NAME: Anna ~~Riley~~
14. NAME OF HUSBAND OR WIFE: Eula 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: R.C. Riley — ADDRESS: Perry, Missouri.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute anterior myocardial infarction. — INTERVAL BETWEEN ONSET AND DEATH: 14 days

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: 4201
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* 10-27-52, 19__, *to* 11-9-52, 19__, *that I last saw the deceased alive on* 11-9-52 19__, *and that death occurred at* 11:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H L Green M.D.
23b. ADDRESS: Hannibal, Missouri.
23c. DATE SIGNED: 11-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-12-1952
24c. NAME OF CEMETERY OR CREMATORY: Holiday Cemetery
24d. LOCATION (City, town, or county) (State): Holiday, Missouri.

DATE REC'D BY LOCAL REG.: 11-14-52
REGISTRAR'S SIGNATURE: Dr E. M. Lucke By W C Fisher 189-10
25. FUNERAL DIRECTOR'S SIGNATURE: Clyde C. Wilbey — ADDRESS: Perry, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NOV 18 1952
MARION CO. HEALTH DEPT.
DATE FILED NOV 18 1952

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 Clyde E. Wilcox
Licensed Embalmer No. 3820
P. O. Address Pempton

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.