

FILED FEB 1 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Ho **1108**

State File No. **118**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **118**

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

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD	
c. LENGTH OF STAY (in this place) 23 yrs			
d. FULL NAME OF HOSPITAL OR INSTITUTION 615 N. Main		d. STREET ADDRESS (If rural, give location) 916 E. CHESTNUT	
3. NAME OF DECEASED (Type or Print) a. (First) JULIA b. (Middle) AGNES c. (Last) RILEY			4. DATE OF DEATH (Month) (Day) (Year) JAN. 29, 1953
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 2, 1884
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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 (City and State or Foreign Country) Erie, Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Frank Donahue	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE James F. Riley	
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 James F. Riley		ADDRESS 916 E. Chestnut	
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.			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured (R) hip -			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, weak heart muscle DUE TO (c) Edema of lungs			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pales over both lungs			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 133		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Springfield	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2 months ago	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fall + broke her hip	
22. I hereby certify that I attended the deceased from _____, 19____, to 1/29/1953 , that I last saw the deceased alive on 1/29/1953 , and that death occurred at 1:45 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE Garrett Logg		23b. ADDRESS (Degree or title) M.D., 1053 Poanaw - City	23c. DATE SIGNED 1-30-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/2/53	24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY	24d. LOCATION (City, town, or county) (State) Springfield, Mo.
DATE REC'D BY LOCAL REG. 1-31-53	REGISTRAR'S SIGNATURE Edith Williamson Reg.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman H. Lohmeyer, Springfield	

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 Steven J. Swadley

Licensed Embalmer No. 4815

P. O. Address Springfield, Missouri

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.