

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

15361

State File No. _____

FILED APR 20 1953

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Foley	
c. LENGTH OF STAY (in this place) 10 minutes		d. STREET ADDRESS (If rural, give location) Clay Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Clinton	b. (Middle) Joshua	c. (Last) Riffle	4. DATE OF DEATH (Month) (Day) (Year) April 7, 1953
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 10, 1979	9. AGE (In years last birthday) 73	10 UNDER 1 YEAR 0	11 UNDER 10 HRS. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant - retired	10b. KIND OF BUSINESS OR INDUSTRY owned grocery	11. BIRTHPLACE (City and State or Foreign Country) near Foley, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Riffle	13b. MOTHER'S MAIDEN NAME Ellen Dryden	14. NAME OF HUSBAND OR WIFE Laura Crume Riffle
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 491-26-3534	17. INFORMANT'S SIGNATURE OR NAME Lavern Riffle, Foley, Mo.	ADDRESS _____
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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 24 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis		
	ANTECEDENT CAUSES DUE TO (b) Malignant Hypertension DUE TO (c) General Debility of Age		Over 3 years years
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 4/201	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) _____
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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? _____
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22. I hereby certify that I attended the deceased from Nov 1, 1950, to April 7, 1953, that I last saw the deceased alive on April 7, 1953, and that death occurred at 10:10 a. m., from the causes and on the date stated above.

23a. SIGNATURE Frank L. Sutton (Degree or title) D.O.	23b. ADDRESS Vainfield, Missouri	23c. DATE SIGNED April 10, 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/10/53	24c. NAME OF CEMETERY OR CREMATORY Corinth Cemetery	24d. LOCATION (City, town, or county) (State) Foley, Missouri
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DATE REC'D BY LOCAL REG. April 18 1953	REGISTRAR'S SIGNATURE Francis Hamilton	GENERAL DIRECTOR'S SIGNATURE Charles G. ...	ADDRESS Elsberry, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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

C. J. Garland

Licensed Embalmer No.

4012

P. O. Address

Eldersburg, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.