

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20992

State File No.

JUL 14 1953

BIRTH NO.

REG. DIST. NO.

62

PRIMARY REG. DIST. NO.

5239

Registrar's No.

16

1. PLACE OF DEATH a. COUNTY Cedar				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cedar					
b. CITY (If outside corporate limits, write RURAL and give town) Rural, Linn		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Rural, Linn		0200			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 Miles W. of Stockton				d. STREET ADDRESS (If rural, give location) 2 Miles W. of Stockton					
3. NAME OF DECEASED (Type or Print) a. (First) CORA		b. (Middle) EMMA		c. (Last) RILEY		4. DATE OF DEATH June 30, 1953			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 14, 1869	9. AGE (In years) (less birthday) 83	# UNDER 1 YEAR 7 Months	# UNDER 1 YEAR 16 Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Nebraska		12. CITIZEN OF WHAT COUNTRY? USA.			
13a. FATHER'S NAME W. H. Sanders			13b. MOTHER'S MAIDEN NAME Emma Bradley			14. NAME OF HUSBAND OR WIFE			
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 ADDRESS James R. Riley, Stockton, 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) Right hemiplegia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerotic hypertension DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH 4 days 1 year	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 334X				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 <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 1-23-1944, to 6-30-1953, that I last saw the deceased alive on 6-30-1953, and that death occurred at 5:45 P. M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Wm. B. Richter M.D.				23b. ADDRESS Stockton Mo.		23c. DATE SIGNED 7-1-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-2-1953		24c. NAME OF CEMETERY OR CREMATORY Mound Cemetery		24d. LOCATION (City, town, or county) (State) Cedar County, Mo.			
DATE REC'D BY LOCAL REG. 7-10-53		REGISTRAR'S SIGNATURE Geneva Garrison 154-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Canton Funeral Home, Stockton, Mo.					

(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 *John A. Cantlon*

Licensed Embalmer No. *4387*

P. O. Address *Stockton, W.*

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.