

STANDARD CERTIFICATE OF DEATH

State File No. **23801**

FILED JUL 20 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 21 PRIMARY REG. DIST. NO. 4004 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bolckow</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bolckow</u>	
c. LENGTH OF STAY (In this place) <u>33 yrs</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Iva b. (Middle) Mac c. (Last) Riley 4. DATE OF DEATH (Month) (Day) (Year) 7-10-1953

5. SEX Female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 8. DATE OF BIRTH 12-13-1882 9. AGE (In years last birthday) 70 9. AGE (In years last birthday) 70 9. AGE (In years last birthday) 70 9. AGE (In years last birthday) 70

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) Glenwood-Lova 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME David Buckingham 13a. MOTHER'S MAIDEN NAME Isabel Rodman 14. NAME OF HUSBAND OR WIFE A. Riley - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or if unknown) No 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Mrs. Virgil Campbell ADDRESS Bolckow Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral apoplexy

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c) None

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. None

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION None 19b. MAJOR FINDINGS OF OPERATION None 20. AUTOPSY? YES  NO

21a. ACCIDENT (Specify) no 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Bolckow Mo Andrew Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 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 May 15, 1953 to July 10, 1953, that I last saw the deceased alive on July 10, 1953, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE V.P. Wilson M.D. (Degree or title) 23b. ADDRESS Residence Mo 23c. DATE SIGNED 7/11/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 7-13-1953 24c. NAME OF CEMETERY OR CREMATORY Bolckow Cem - Bolckow Mo 24d. LOCATION (City, town, or county) (State) Mo

DATE REC'D BY LOCAL REG. 7-13-53 REGISTRAR'S SIGNATURE Ed Park 2-0 25. FORENSIC IDENTIFICATION SIGNATURE W. H. Miller ADDRESS Rayville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 21 1953

JUL 30

JUL 29 1953

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 *G M Allison*

Licensed Embalmer No. *2379*

P. O. Address *Waryville, Mo.*

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.