

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

State File No. **24288**
Registrar's No. **18**

No. 300
10.48

280
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 88	PRIMARY REG. DIST. NO. 447	Registrar's No. 18
1. PLACE OF DEATH a. COUNTY CRAWFORD		2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission) a. STATE MISSOURI b. COUNTY CRAWFORD		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN STEELVILLE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN STEELVILLE		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____		
3. NAME OF DECEASED (Type or Print) a. (First) MATTHEW b. (Middle) _____ c. (Last) RILEY		4. DATE OF DEATH JUNE 24-1953 (Month) (Day) (Year)		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH SEPT. 23-1880	9. AGE (In years if under 1 year last birthday) Months Days Hours Min. 72 9 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) FAYETTEVILLE ARKANSAS
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME MATTHEW RILEY		
13b. MOTHER'S MAIDEN NAME MARY O'BRIEN		14. NAME OF HUSBAND OR WIFE NONE		
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 ROBERT OLIVER-STEELVILLE, Mo. ADDRESS _____
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infirmities of age ANTECEDENT CAUSES Senile debility. 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.		INTERVAL BETWEEN ONSET AND DEATH 1 hr. 5 yrs.
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 794X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		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 June 24, 1953 , to June 24, 1953 , that I last saw the deceased alive on June 24, 1953 , and that death occurred at 6:00 A. m. , from the causes and on the date stated above.				
23a. SIGNATURE Robert D. Oliver (Degree or title) D.D.		23b. ADDRESS Steelville Mo		23c. DATE SIGNED 6/27/53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-26-1953		24c. NAME OF CEMETERY OR CREMATORY Holy Cross Cem.
24d. LOCATION (City, town, or county) (State) Cuba, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Thomas J. Halliday ADDRESS STEELVILLE, Mo.		
DATE REC'D BY LOCAL REG. 7-17-53		REGISTRAR'S SIGNATURE [Signature]		

JUL 21 1959

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 Thomas S. Halbert

Licensed Embalmer No. 4332

P. O. Address Steelville, 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.