FILED SEP 11 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28836

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4194

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City Mo
c. LENGTH OF STAY (in this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City, Mo.
d. STREET ADDRESS (If rural, give location): 4110 Warwick 3678

3. NAME OF DECEASED (Type or Print): a. (First) Mrs Eva b. (Middle) c. (Last) Riles

4. DATE OF DEATH (Month) (Day) (Year): 8-24-1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 3
8. DATE OF BIRTH: 4-23-1906
9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supervisor of Sales Audit
10b. KIND OF BUSINESS OR INDUSTRY: Dept. Store Macys Store
11. BIRTHPLACE (City and State or Foreign Country): St Joseph Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Boyle
13b. MOTHER'S MAIDEN NAME: Emma Page
14. NAME OF HUSBAND OR WIFE: Ira M Riles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 497-26-7192
17. INFORMANT'S SIGNATURE OR NAME: Phrania Boyle ADDRESS: 4110 Warwick

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Intestinal Obstruction - Small intestine - adhesions — INTERVAL BETWEEN ONSET AND DEATH: few months

ANTECEDENT CAUSES
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.: 5705

19a. DATE OF OPERATION: Aug 21 53
19b. MAJOR FINDINGS OF OPERATION: see 1. above. adhesive bands small bowel to parietal peritoneum
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1951, *to* Aug 24, 1953, *that I last saw the deceased alive on* Aug 24, 1953, *and that death occurred at* 30 *m., from the causes and on the date stated above.*

23a. SIGNATURE John A. Griffith Jr. (Degree or title): John A Griffith Jr MD
23b. ADDRESS: 315 Nichols Road. Kans. City Mo
23c. DATE SIGNED: Aug 26 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-27-53
24c. NAME OF CEMETERY OR CREMATORY: Floral Hills
24d. LOCATION (City, town, or county) (State): Jackson Co Mo

DATE REC'D BY LOCAL REG.: 8-26-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: France-Warnall ADDRESS: K.C. Mo

(Licensed Embalmer's Statement on Reverse Side)

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

D 3150

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 Russell N. Far

Licensed Embalmer No. 4 2 5

P. O. Address R. C. 7

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.