

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

34944

State File No.

No. 300
10-48

FILED NOV 10 1953

BIRTH NO. _____ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 3001 Registrar's No. 36

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>Audrain</u>	b. CITY (If outside corporate limits, write RURAL and give township) <u>Vandalia</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Pike 0820</u>
c. LENGTH OF STAY (in this place) <u>2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Terral Center</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>620 Summit St</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>George</u>	b. (Middle) <u>Perry</u>	c. (Last) <u>Riley</u>	(Month) <u>10</u>	(Day) <u>31</u>	(Year) <u>53</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 16, 1893</u>		9. AGE (In years last birthday) <u>70</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Stewart Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>George Henry Riley</u>	13b. MOTHER'S MAIDEN NAME <u>Ida Russell</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Bell RILEY</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Anna Riley</u>
		ADDRESS <u>Vandalia, Mo.</u>

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>3 days</u> <u>1 week</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary edema</u> DUE TO (c) <u>Myocardial infarction</u>		
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 <u>4201</u>	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 9-26, 1953, to 10-31, 1953, that I last saw the deceased alive on 10-31, 1953, and that death occurred at 4:00 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>E. W. Lindsay 2</u>	23b. ADDRESS <u>D.O. Vandalia Missouri</u>	23c. DATE SIGNED <u>Nov. 4, 1953</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 2, 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bowling Green</u>
		24d. LOCATION (City, town, or county) (State) <u>Bowling Green, Mo.</u>

DATE REC'D BY LOCAL REG. <u>DW 4 1953</u>	REGISTRAR'S SIGNATURE <u>Mallie Fugua</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Grace Bonifant</u>	ADDRESS <u>Bowling Green, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

041
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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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Harold P. Kiser

Signed.....
Student Embalmer

Licensed Embalmer No. 4597

P.O. Address Banking Green

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.