

STANDARD CERTIFICATE OF DEATH

33456

State File No. _____

FILED OCT 27 1954

BIRTH NO. _____		REG. DIST. NO. <u>99</u>		PRIMARY REG. DIST. NO. <u>5377</u>		Registrar's No. <u>59</u>	
1. PLACE OF DEATH a. COUNTY <u>DeKalb</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Maysville (Rural)</u> c. LENGTH OF STAY (In this place) <u>10yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>DeKalb</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Maysville (Rural)</u> d. STREET ADDRESS (If rural, give location) <u>0320</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GRACE</u> b. (Middle) <u>L.</u> c. (Last) <u>RIFFIE</u>		4. DATE OF DEATH (Month) <u>Oct.</u> (Day) <u>9</u> (Year) <u>1954</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 3 1887</u>		9. AGE (In years last birthday) <u>66</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Amity Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Henry C. Nichols</u>		13b. MOTHER'S MAIDEN NAME <u>Laura A. Dewey</u>		14. NAME OF HUSBAND OR WIFE <u>Grover Riffie</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Grover Riffie Maysville 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> 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. INTERVAL BETWEEN ONSET AND DEATH <u>15 min.?</u> <u>read on arrival</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES ☐ NO ☐		4201	
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. HOW DID INJURY OCCUR? WHILE AT WORK ☐ NOT WHILE AT WORK ☐	
21e. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Minute) _____		21f. INJURY OCCURRED _____		21g. HOW DID INJURY OCCUR? WHILE AT WORK ☐ NOT WHILE AT WORK ☐			
22. I hereby certify that I attended the deceased from <u>Death on arrival</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>10-18-54</u> , and that death occurred at <u>2:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. Harold Fowler</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Maysville Mo</u>		23c. DATE SIGNED <u>10/10/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-12-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Amity</u>		24d. LOCATION (City, town, or county) (State) <u>Amity Missouri</u>	
DATE REC'D BY LOCAL REG. <u>10-18-54</u>		REGISTRAR'S SIGNATURE <u>Roscoe Davidson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>PILCHER FUNERAL HOME</u>		ADDRESS <u>MAYSVILLE MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

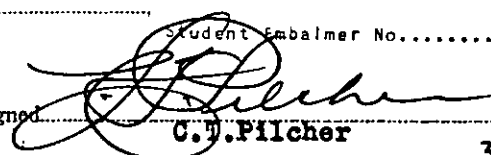
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by-----

working under my personal supervision.

Signed.....
Student Embalmer

Signed


C.T. Pilcher

Student Embalmer No.....

Licensed Embalmer No. 3960

P. O. Address **Mayesville 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.