

FILED DEC 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36869

State File No.

BIRTH NO. _____ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 4136 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
b. CITY OR TOWN <u>Plattsburg</u>		c. LENGTH OF STAY (In this place)	
c. CITY OR TOWN <u>Plattsburg</u>		d. STREET ADDRESS (If rural, give location) <u>North 8th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North 8th St.</u>		d. STREET ADDRESS (If rural, give location) <u>North 8th St.</u>	

3. NAME OF DECEASED a. (First) <u>Jeremiah</u> b. (Middle) <u>J</u> c. (Last) <u>Riordan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 26 1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	
8. DATE OF BIRTH <u>Oct. 18 1912</u>		9. AGE (In years last birthday) <u>42</u>		10. IF UNDER 1 YEAR Days <u>1</u> Hours <u>8</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 <u></u>		11. BIRTHPLACE (State or foreign country) <u>Clinton County Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>JAMES Riordan</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Adams</u>		14. NAME OF HUSBAND OR WIFE <u></u>	
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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. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth Riordan</u> ADDRESS <u>Plattsburg, MO</u>	
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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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</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. <u>myocarditis</u>				<u>2 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Nov 25, 1954, to Nov 25, 1954, that I last saw the deceased alive on Nov 25, 1954, and that death occurred at 4:15 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>W. B. Spalding MD</u> (Degree or title)		23b. ADDRESS <u>Plattsburg Mo</u>		23c. DATE SIGNED <u>Nov 26 1954</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>NOV. 27 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>Plattsburg MO.</u>	
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DATE REC'D BY LOCAL REG. <u>Nov. 27. 54</u>		REGISTRAR'S SIGNATURE <u>Elizabeth Seearce</u> <u>441-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. D. Lyon</u> ADDRESS <u>Plattsburg, MO.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0250

0250

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 _____

Danell R. Lyon

Signed.....

Student Embalmer

Licensed Embalmer No. 3640

P. O. Address Plattsburg, N.Y.

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.