

FILED NOV 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37886**

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milam</u>	
c. LENGTH OF STAY (in this place) <u>16 days</u>		d. STREET ADDRESS (If rural, give location) <u>Westside 1050</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lexington Memorial Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Holloway</u> c. (Last) <u>Riley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November 16, 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>12-10-1889</u>		9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Days <u>11</u> IF UNDER 24 HOURS Hours <u>6</u> Min.	
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 <u>at home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Milam - Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Wm. McClanahan</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Murto</u>		14. NAME OF HUSBAND OR WIFE <u>E. W. 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>E. W. Riley</u> ADDRESS <u>Milam Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>34 months</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		ANTECEDENT CAUSES		DUE TO (b)	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Fracture hip - operated 11/3/54</u>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		<u>hip pinned</u>	

19a. DATE OF OPERATION <u>11/3/54</u>		19b. MAJOR FINDINGS OF OPERATION		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) <u>105</u>	
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 1, 1954, to Nov 16, 1954, that I last saw the deceased alive on Nov 16, 1954, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ben H. Brasher M.D.</u>		23b. ADDRESS <u>Lexington, Missouri</u>		23c. DATE SIGNED <u>11/23/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-18-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's</u>	
24d. LOCATION (City, town, or county) (State) <u>Milam - Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Schoene's Daughter Schoene</u>		ADDRESS <u>Milam Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-26-54</u>		REGISTRAR'S SIGNATURE <u>Merna Grant</u>		156	

(Licensed Embalmer's Statement on Reverse Side)

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

0542
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Dwight Schoene

Licensed Embalmer No. 2667

P. O. Address. Milan, 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.