

FILED JAN 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 286
Registrar's No. 21

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 21	
1. PLACE OF DEATH a. COUNTY Buchanan /				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In days, place) 76 Yrs		c. CITY OR TOWN St. Joseph		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 909 Corby St.				e. STREET ADDRESS (If rural, give location) 909 Corby St. 0117 0			
3. NAME OF DECEASED (Type or Print) a. (First) Daniel b. (Middle) Joseph c. (Last) Riordan			4. DATE OF DEATH (Month) (Day) (Year) Jan. 7, 1955				
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH June 18, 1858		9. AGE (In years last birthday) 96	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Distributor Ret.		10b. KIND OF BUSINESS OR INDUSTRY (20) Serum & Biological		11. BIRTHPLACE (City and State or Foreign Country) Cork, Ireland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Riordan		13b. MOTHER'S MAIDEN NAME Hanora Malann		14. NAME OF HUSBAND OR WIFE Margaret			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs W.B. Erken 913 Corby St. City			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prostatic Hypertrophy					3 yrs +
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____					
		DUE TO (c) _____					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Arteriosclerosis generalized 610X				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) m.		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 1949 to Jan 7, 1955 that I last saw the deceased alive on Jan 6, 1955 and that death occurred at 11:00 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Inscribed or filed) Dr. J. Redmond				23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED 1/8/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 10, 55	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.		
DATE REC'D BY LOCAL REG. Jan 12, 1955		REGISTRAR'S SIGNATURE 485 Kathleen M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS) Norman W. Biederfaden St. Joseph, Mo.			

WRITE PLAINLY—USING UNFAADING 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... ~~Robert T. Gypke~~ Robert T. Gypke

Licensed Embalmer No. 3308

P. O. Address St. Joseph

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.