

FILED MAR 8 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5627**

BIRTH NO. _____ REG. DIST. NO. **226** PRIMARY REG. DIST. NO. **5801** Registrar's No. **10**

1. PLACE OF DEATH a. COUNTY Monroe County			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Monroe					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Lakenan, Rural)		c. LENGTH OF STAY (in this place) 60 yrs	c. CITY OR TOWN Lakenan		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION None			STREET ADDRESS (If rural, give location) 5 Miles South 0690					
3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) _____ c. (Last) RILEY			4. DATE OF DEATH (Month) (Day) (Year) 2-26-1955					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-10-1884		9. AGE (In years last birthday) 70 if UNDER 1 YEAR Months 9 Days 16 if UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Thomas F. Riley		13b. MOTHER'S MAIDEN NAME Rosanna Riley		14. NAME OF HUSBAND OR WIFE Lena Riley				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME- ADDRESS Wm. Wiley, Lakenan, Mo.				
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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) Atherosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 2 wks 5 wks L		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201			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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from Jan 19 1949 , to 3-56 , 1955, that I last saw the deceased alive on 2-27 , 1955, and that death occurred at 4:45A , from the causes and on the date stated above.								
23a. SIGNATURE J. J. Cochran (Degree or title) MD			23b. ADDRESS Shelbina, Mo		23c. DATE SIGNED 3/2/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-28-1955	24c. NAME OF CEMETERY OR CREMATORY. St. Marys, Cmty.		24d. LOCATION (City, town, or county) (State) Shelbina, Mo.			
DATE REC'D BY LOCAL REG. 3-3-55		REGISTRAR'S SIGNATURE Elvie Robertson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Barkelaw-Hawkins, Shelbina Mo.				

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
W. H. Lewis

Licensed Embalmer No. *349*

P. O. Address *Shelburne*

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.