

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

21614

State File No. ....

FILED AUG 8 - 1955

BIRTH NO. _____		REG. DIST. NO. <u>82</u>		PRIMARY REG. DIST. NO. <u>3017</u>		Registrar's No. <u>79</u>	
1. PLACE OF DEATH a. COUNTY <u>Cooper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>			
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <u>Boonville</u>		c. LENGTH OF STAY (In this place) <u>4 Days</u>		c. CITY OR TOWN <u>Macon</u>		d. 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 <u>St. Joseph Hospital</u>				STREET ADDRESS (If rural, give location) <u>107 E. Third St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Robert</u>		b. (Middle) <u>T,</u>		c. (Last) <u>Riley</u>	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
		<u>July</u>		<u>29</u>		<u>1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Black</u>		7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 28<sup>th</sup> 1882</u>	
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hour Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Methodist Church</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Not known.</u>		13b. MOTHER'S MAIDEN NAME <u>Not known</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Alice Johnson Riley.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. R. T. Riley, Macon, Missouri.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>UREMIA</u>				<u>MONTHS</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CHRONIC RENAL INSUFFICIENCY</u> <u>DUE TO UNDETERMINED ETIOLOGY</u>				<u>YEARS</u>	
		DUE TO (c) <u>URINARY TRACT INFECTION</u>				<u>UNKNOWN</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1. INFARCTION OF THE MYOCARDIUM</u> <u>2. HYPERTENSIVE (CARDIOVASCULAR) DISEASE</u>				<u>UNKNOWN</u> <u>YEARS</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>603X</u>				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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 26, 1955</u> , to <u>July 29, 1955</u> , that I last saw the deceased alive on <u>July 29, 1955</u> , and that death occurred at <u>9:45 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>S. Bata, M.D.</u>				(Degree or title) <u>0</u>		23b. ADDRESS <u>329 Main St., Boonville, Mo</u>	
						23c. DATE SIGNED <u>July 30, 55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 2<sup>nd</sup> 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Paris</u>		24d. LOCATION (City, town, or county) (State) <u>Paris, Missouri.</u>	
DATE REC'D. BY LOCAL REG. <u>8/1/55</u>		REGISTRAR'S SIGNATURE <u>R. Hooper</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Goodman &amp; Boller, Boonville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 8  
1956

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 *G. F. Roller*.....

Licensed Embalmer No. *306*

P. O. Address *Roanoke*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.