

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23189

State File No. ....

0530

FILED AUG 11 1955

BIRTH NO. .... REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 4417 Registrar's No. 634

1. PLACE OF DEATH a. COUNTY <b>Platte</b>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE <b>Transient</b> b. COUNTY <b>3009</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Tracy, Mo. Feb. 6 Days</b>		c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Tracy, Mo.</b>		e. STREET ADDRESS <b>Billboard Office - Arcade Bldg. St. Louis, Mo.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Geraldine</b> b. (Middle) <b>Riley</b> c. (Last) <b>Ames</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>8 / 1 / 58</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>5-24-1906</b>
9. AGE (In years last birthday) <b>49</b>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerical</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Transportation Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Brunswick Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>George Riley</b>	
13b. MOTHER'S MAIDEN NAME <b>Katherine Staibus</b>		14. NAME OF HUSBAND OR WIFE <b>Jack Ames</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>487-16-7209</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Jack Ames</b>		ADDRESS <b>Billboard Office Arcade Building St. Louis, Mo.</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Encephalomalacia, right temporal parietal &amp; occipital lobes</b> DUE TO (b) <b>3</b> DUE TO (c) <b>Fatty degeneration of liver</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic gastritis</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		332X	
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. HOW DID INJURY OCCUR?	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <b>May 19, 1958</b> , that I last saw the deceased alive on <b>May 19, 1958</b> , and that death occurred at <b>1 A</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Dr. Graham Baker M.D.</b>		23b. ADDRESS <b>Platte City, Mo.</b>	
23c. DATE SIGNED <b>8/4/58</b>		24. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
24b. DATE <b>8-4-58</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenlawn Cem.</b>	
24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Rollins-Mitchell</b>	
DATE REC'D BY LOCAL REG. <b>8-1-58</b>		REGISTRAR'S SIGNATURE <b>Alpha Rollins</b>	

(Licensed Embalmer's Statement on Reverse Side)

Platte City, 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 Roland M. Giff

Licensed Embalmer No. 472

P. O. Address Platteville

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.