

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 5 - 1955

State File No. **30199**
Registrar's No. **63**

BIRTH NO. _____		REG. DIST. NO. 210		PRIMARY REG. DIST. NO. 4322		Registrar's No. 63	
1. PLACE OF DEATH a. COUNTY Mercer				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Harrison			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Prince ton		c. LENGTH OF STAY (In this place) 3 Hrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cainsville		d. STREET ADDRESS (If rural, give location) 0410	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Axtell Hospital				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Robinson			b. (Middle) Frazier		c. (Last) Riley		4. DATE OF DEATH (Month) (Day) (Year) September 16 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH February 22, 1874		9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General Farming		11. BIRTHPLACE (State or foreign country) Decatur Co., Iowa.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME William Riley		13b. MOTHER'S MAIDEN NAME Margaret Frazier		14. NAME OF HUSBAND OR WIFE Deva Riley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 486-30-0567		17. INFORMANT'S SIGNATURE OR NAME Deva Riley		ADDRESS Cainsville, 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) Suicide by taking Carbolic acid						INTERVAL BETWEEN ONSET AND DEATH 4 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Scrubility -						2 years
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Aug , 19 49 , to Sept 16 , 19 55 , that I last saw the deceased alive on Sept 16 , 19 55 , and that death occurred at 3:55p m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Alfred C. Tapp D.O.				23b. ADDRESS Cainsville Mo.		23c. DATE SIGNED 9-17-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 19 1955	24c. NAME OF CEMETERY OR CREMATORY Akron Cemetery		24d. LOCATION (City, town, or county) (State) RFD Blythedale, Mo.		
DATE REC'D BY LOCAL REG. 9-29-55		REGISTRAR'S SIGNATURE Hollman		25. FUNERAL DIRECTOR'S SIGNATURE Hollman		ADDRESS Cainsville, 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, of /by-----

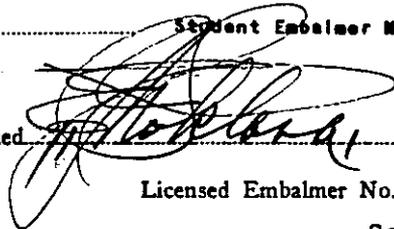
Eddie J. Stoklasa

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.