

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43551

State File No. _____

FILED SEP 24 1956

BIRTH NO. _____		REG. DIST. NO. <u>9</u>		PRIMARY REG. DIST. NO. <u>5376</u>		Registrar's No. <u>53</u>			
1. PLACE OF DEATH a. COUNTY <u>DOKAUB</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>DEKARB.</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAMERON</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAMERON</u>		d. STREET ADDRESS (If rural, give location) <u>W. 8th Street.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>W. 8th Street</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas J</u>			b. (Middle)		c. (Last) <u>Riley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 29 1955</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>FEB. 23 1877</u>		9. AGE (In years) (last birth day) IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>ALBANY, NY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>John B. Riley</u>			13b. MOTHER'S MAIDEN NAME <u>Rachel Spchurch</u>		14. NAME OF HUSBAND OR WIFE <u>Jessie M. Riley</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (See no. or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Jessie M. Riley, CAMERON, MO</u>				
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) <u>Chronic valvular heart disease & decompensation</u> 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.						INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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>Aug 16</u> , 19 <u>50</u> , to <u>Dec 29</u> , 19 <u>55</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:00 A. M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>D. Kimes, M.D.</u>				23b. ADDRESS <u>Cameron, Mo</u>		23c. DATE SIGNED <u>12-31-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Jan. 1-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PACKARD CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CAMERON, MO.</u>			
DATE REC'D BY LOCAL REG. <u>1-10-56</u>		REGISTRAR'S SIGNATURE <u>Racquel Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DeMoss CRUNK CAMERON, MO</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

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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 _____

.....
working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed.....

Leona Leung

Licensed Embalmer No.

2533

P. O. Address

Cameron, MD

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.