

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

341

FILED FEB 14 1956

42

PRIMARY REG. DIST. NO. 1000

Registrar's No. 123

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 123	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) Most Life		c. CITY OR TOWN St. Joseph		d. Is 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 St. Joseph's Hospital				e. STREET ADDRESS (If rural, give location) 302 South 20th Street 011/0			
3. NAME OF DECEASED (Type or Print) a. (First) HOWARD		b. (Middle) LEE		c. (Last) RILEY SR		4. DATE OF DEATH (Month) (Day) (Year) Jan. 31 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 1, 1863	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate		10b. KIND OF BUSINESS OR INDUSTRY Real Estate		11. BIRTHPLACE (City and State or Foreign Country) Taos Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME William Thomas Riley			13b. MOTHER'S MAIDEN NAME Mary Elizabeth McBride			14. NAME OF HUSBAND OR WIFE (Deceased) Esther Rose	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Howard L. Riley Jr. St. Joseph, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u> DUE TO (c) <u>Arteriosclerosis, general</u> 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hour</u> ? ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input checked="" 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)		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>Jan. 27, 1956</u> , to <u>Jan. 31, 1956</u> , that I last saw the deceased alive on <u>Jan. 30, 1956</u> , and that death occurred at <u>3:45A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>S. B. Lerman M.D.</u>				23b. ADDRESS <u>St. Joseph, Mo.</u>		23c. DATE SIGNED <u>1-31-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-2-56		24c. NAME OF CEMETERY OR CREMATORY Maitland Cemetery		24d. LOCATION (City, town, or county) (State) Maitland Missouri	
DATE REC'D BY LOCAL REG. Feb 6, 1956		REGISTRAR'S SIGNATURE <u>Toether M. Allison</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Blaney Funeral Home</u>		ADDRESS St. Joseph, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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... *Charles E. Bennett*

Licensed Embalmer No. *4627*

P. O. Address *St Joseph*

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.