

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 4 1956

State File No. 15865

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 4138 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a-STATE <u>Missouri</u> b. COUNTY <u>CLINTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lathrop</u>		c. CITY OR TOWN <u>Lathrop</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>24 hrs</u>		e. STREET ADDRESS (If rural, give location) <u>His Home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>His Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BENJAMIN</u> b. (Middle) <u>HARRISON</u> c. (Last) <u>RILEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 27 1956</u>
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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>Sept. 8, 1885</u>	9. AGE (In years last birthday) <u>67</u>	10. IF UNDER 1 YEAR Days	11. IF UNDER 24 HRS. Hours	12. IF UNDER 10 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PAINTER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>PAINTING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kingston, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>EMANUEL RILEY</u>	13b. MOTHER'S MAIDEN NAME <u>MARY E. HILFFABER</u>	14. NAME OF HUSBAND OR WIFE <u>ONE RILEY</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY # <u>499-16-2795</u>	17. INFORMANT'S SIGNATURE OR NAME <u>HOBART RILEY</u>	ADDRESS <u>LATHROP, MO</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema with Congestive Heart Failure</u>		INTERVAL BETWEEN ONSET AND DEATH
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>Y</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>0. 4. m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Apr. 14, 1956, to May 27, 1956, that I last saw the deceased alive on May 27, 1956, and that death occurred at 10:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. Longfield, M.D.</u>	23b. ADDRESS <u>Lathrop, Missouri.</u>	23c. DATE SIGNED <u>5/29/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 30 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lathrop Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lathrop, MO.</u>
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DATE REC'D BY LOCAL REG. <u>5-31-56</u>	REGISTRAR'S SIGNATURE <u>Winifred W. Moser</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Miss CRUNK CAMERON</u>	ADDRESS <u>MO</u>
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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 *James H. Bank*.....

Licensed Embalmer No. *253*.....

P. O. Address *Emerson*.....

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.