

FILED MAY 23 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15946

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 5396 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Douglas</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u>					
b. CITY OR TOWN <u>Brushcreek Township</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Trail</u>		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 <u>Trail, Missouri</u>			e. STREET ADDRESS (If rural, give location) <u>0340</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u> b. (Middle) <u>Edgar</u> c. (Last) <u>Riley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 8 1956</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 3, 1897</u>		9. AGE (In years last birthday) Months Days If UNDER 1 YEAR If UNDER 1 HR. Hours Min. <u>58 9 5</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Store</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Alex Riley</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Phoenix</u>		14. NAME OF HUSBAND OR WIFE <u>Maude Riley</u>				
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 NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Maude Riley TRAIL, 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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gasping Hemiplegic</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Perhaps Gouty Artery</u> DUE TO (c) <u>Coronary of Stroke</u> 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>1 1/2 hr</u> <u>2 yrs</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>151x</u>			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 <u>3-12</u> , 19 <u>53</u> , to <u>5-8</u> , 19 <u>56</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <u>M.C. Gentry</u> (Degree or title) <u>MO</u>			23b. ADDRESS <u>Area MO</u>		23c. DATE SIGNED <u>5-13-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>5-13-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Blanche</u>		24d. LOCATION (City, town, or county) (State) <u>Trail MO</u>				
DATE REC'D BY LOCAL REG. <u>May 14-56</u>		REGISTRAR'S SIGNATURE <u>Walter Bushman</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stable Windle Funeral Home</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

3.300  
0.48

340

64-C

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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 ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*James L. Gentry*

Licensed Embalmer No.....  
*41*

P. O. Address.....  
*Calool*

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.