

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33382

State File No.

FILED OCT 24 1956

BIRTH NO. _____		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>4097</u>		Registrar's No. <u>142</u>			
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisonville</u>		c. LENGTH OF STAY (In this place) <u>20yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisonville</u>		d. STREET ADDRESS (If rural, give location) <u>Suburban</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Suburban</u>				d. STREET ADDRESS (If rural, give location) <u>Suburban</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ERNEST</u>			b. (Middle) _____			c. (Last) <u>RILEY</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 11 1956</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>July 5 1879</u>			
9. AGE (In years, last birthday) <u>77</u>		10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or foreign country) <u>Chariton Co Mo</u>			
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Rev. H. Riley</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Virginia Glen</u>		14. NAME OF WIFE OR WIFE <u>Dorothy Riley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>L.F. RILEY 2408 E 46TH ST. K.C. 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>UREMIA</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>PROSTATITIS</u>					
				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? <u>611x</u>		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) _____		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>SEPT 21, 1956</u> , to <u>OCT 11, 1956</u> , that I last saw the deceased alive on <u>SEPT 21, 1956</u> , and that death occurred at <u>2:15 A. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>J. S. Triplett M.D.</u>				23b. ADDRESS <u>Harrisonville, Mo.</u>		23c. DATE SIGNED <u>Oct 12 1956</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 13 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Orient Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo</u>			
DATE REC'D BY LOCAL REG. <u>Oct 13 1956</u>		REGISTRAR'S SIGNATURE <u>Cora Barneard</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Penningburgs Harrisonville Mo</u>					

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

RECEIVED
OCT 22 1956
CASS COUNTY
HEALTH DEPARTMENT

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
Student Embalmer

Signed James R. Phillips

Licensed Embalmer No. 4641

P. O. Address Narrisonville, N

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.