FILED NOV 7 - 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34201
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4562

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Gen'l Hosp. #1 — Length of stay in lb 50 yrs

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 529 Brooklyn — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Joseph Middle Leo Last Riley
4. DATE OF DEATH Month 10 Day 16 Year 1956
5. SEX Male
6. COLOR OR RACE white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒
8. DATE OF BIRTH 10-3-1898
9. AGE (In years last birthday) 58 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) Brookfield Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Leo Riley
14. MOTHER'S MAIDEN NAME Gertrude Tooey
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Harry Tooey Address Souix City Iowa

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ~~Undetermined~~ Acute & Chronic alcoholism
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH 3221
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct.13,1956, to Oct.16,1956 and last saw ~~XX~~ him alive on Oct.16,1956
✓ Death occurred at 10:45A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B.I. Burns (Degree or title) B.I. Burns, M.D.
22b. ADDRESS 24th & Cherry
22c. DATE SIGNED 10-18-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 10-20-56
23c. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery
23d. LOCATION (City, town, or county) K.C. Kansas (State) 10-20-56

24. FUNERAL DIRECTOR B.E. Weilert ADDRESS KC 8 Mo
25. DATE RECD. BY LOCAL REG. 10-20-56
26. REGISTRAR'S SIGNATURE Nevar Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed B. E. Weilert

Licensed Embalmer No. 40

P. O. Address K.C. 8

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.