

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42106

State File No. ....

FILED DEC 24 1956

BIRTH NO. _____		REG. DIST. NO. <u>187</u>		PRIMARY REG. DIST. NO. <u>3048</u>		Registrar's No. <u>24</u>	
1. PLACE OF DEATH a. COUNTY <u>Livingston</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Chillicothe</u>		c. LENGTH OF STAY (in this place) <u>1 week</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hale,</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chillicothe hospital</u>				d. STREET ADDRESS (If rural, give location) <u>3 M. S/W Hale</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLYDE</u>		b. (Middle) <u>WILLIAM</u>		c. (Last) <u>RILEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 12, 1956</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 30th, 1895</u>	
9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>12</u>		IF UNDER 1 HR. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Garage -</u>		11. BIRTHPLACE (State or foreign country) <u>Hale, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>Jonathan Riley</u>			13b. MOTHER'S MAIDEN NAME <u>Georgia Ann Broyles</u>			14. NAME OF HUSBAND OR WIFE <u>Mary Ann (Zrussum) Riley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>2</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Riley, Tina, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal obstruction</u>  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. <u>Chr Myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 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) (m.)		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>11/26</u> , 19 <u>56</u> , to <u>12/12</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>12/12</u> , 19 <u>56</u> , and that death occurred at <u>2:57 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Am Dowd, M.D.</u>				23b. ADDRESS <u>Chillicothe Mo.</u>		23c. DATE SIGNED <u>12/15/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/15/1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>VanHorn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Tina, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12/15-1956</u>		REGISTRAR'S SIGNATURE <u>Frances A. Neill</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clifford W. Austin, Tina, Missouri</u>			

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

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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 .....  
Student Embalmer

Signed.....

*Clifford W. Austin*  
Licensed Embalmer No. #3233

P. O. Address Tina, Missouri.

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.