

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25309

State File No.

No. 300
10-48

FILED AUG 6 1957

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 190

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give town) Chillicothe		c. LENGTH OF STAY (In this place) 7 days	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION Chillicothe hospital		STREET ADDRESS (If rural, give location) 1111 East 25th. St.	

3. NAME OF DECEASED (Type or Print) a. (First) Virginia	b. (Middle) Agnes	c. (Last) Riley	4. DATE OF DEATH (Month) (Day) (Year) July 15, 1957
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5. SEX Fem.	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 7, 1873	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and State or Foreign Country) Hale, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Robert R. McKenzie	13b. MOTHER'S MAIDEN NAME Mary Ann McManus	14. NAME OF HUSBAND OR WIFE XX
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. XX	17. INFORMANT'S SIGNATURE OR NAME Hugh R. Riley, Kansas City, Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 wk
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pneumonia lobes - l. lung		
	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? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from July 8, 1957, to July 15, 1957, that I last saw the deceased alive on July 15, 1957, and that death occurred at 7:15A m., from the causes and on the date stated above.

23a. SIGNATURE Joseph G. Conrad M.D.	(Degree or title)	23b. ADDRESS Chillicothe, Mo.	23c. DATE SIGNED 7/16/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE July 17, 1957	24c. NAME OF CEMETERY OR CREMATORY Leopolis cemetery	24d. LOCATION (City, town, or county) (State) Livingston Co., Mo.
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DATE REC'D BY LOCAL REG. 7/16/57	REGISTRAR'S SIGNATURE Frances B. Neale	25. FUNERAL DIRECTOR'S SIGNATURE Donald Gordon	ADDRESS Chillicothe, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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AUG 7 1957

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 *Richard H. Banda*

Licensed Embalmer No. *486*

P. O. Address *Chillicothe*

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.