

FILED AUG 26 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29058

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 194

800  
-57

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Moberly</u> OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Madison</u> d. STREET ADDRESS <u>XXXXXXXXXXXX</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>Woodland</u>		Length of stay in 1b <u>6 days</u>	(If outside, give location) <u>2690</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Ernest</u> Middle <u>C</u> Last <u>Riley</u>			4. DATE OF DEATH Month <u>8</u> Day <u>8</u> Year <u>57</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>whits</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>3/31/1873</u>	9. AGE (In years last birth <u>84</u> )	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Monroe Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Riley</u>	13b. MOTHER'S MAIDEN NAME <u>Vitura Swartz</u>	14. NAME OF HUSBAND OR WIFE <u>Zula McMorris</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give dates of service)	16. SOCIAL SECURITY NO. <u>491-14-3332</u>	17. INFORMANT <u>James Riley</u> Address <u>Madison, Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Hypertensive Cardiovascular disease</u> DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>443x</u>		19. WAS AUTOPSY PERFORMED? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <u>1950</u> to <u>Aug. 8, 1957</u> and last saw her alive on <u>Aug. 8, 1957</u> Death occurred at <u>11:00 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>Dr. Will Henry Jones</u>	22b. ADDRESS <u>Moberly Mo.</u>	22c. DATE SIGNED <u>Aug 9 1957</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Aug 10, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u>	23d. LOCATION (City, town, or county) - (State) <u>Madison, Mo.</u>
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24. FUNERAL DIRECTOR <u>Fred A Thompson</u> ADDRESS <u>Madison, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>8/10/57</u>	26. REGISTRAR'S SIGNATURE <u>Reahelauer</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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Name of Deceased .....  
 Address of Deceased .....  
 City and State .....  
 Date of Death .....  
 Cause of Death .....  
 Name of Embalmer .....  
 Address of Embalmer .....  
 City and State .....  
 Date of Embalming .....  
 License No. of Embalmer .....  
 Signature of Embalmer .....

**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 *Miss Fred A. [Signature]* .....  
 Licensed Embalmer No. *3282* .....  
 P. O. Address *[Signature]* .....

**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.