

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005807

STATE FILE NUMBER 781

FILED MAR 10 1958

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

300
-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>LAFAYETTE</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>CORDER</i> <i>25 48</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>H. Luke's Hosp.</i>		Length of stay in lb <i>12 hours</i>	d. STREET ADDRESS (If outside, give location) <i>none</i>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <i>William MATTHEW Riley</i>			4. DATE OF DEATH Month Day Year <i>FEB 12 1958</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>JULY 25, 1888</i>	9. AGE (In years last birthday) <i>69</i>	IF UNDER 1 YEAR Months Days <i>0 0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>POSTMASTER</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>U.S. MAIL</i>	11. BIRTHPLACE (City and state or country) <i>LEXINGTON, MO.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	

13a. FATHER'S NAME <i>MATTHEW RILEY</i>	13b. MOTHER'S MAIDEN NAME <i>SARAH PEMBERTON</i>	14. NAME OF HUSBAND OR WIFE <i>---</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT <i>Haden Funeral Home - Higginsville, Mo</i>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Congestive Heart Failure</i>		INTERVAL BETWEEN ONSET AND DEATH <i>24 hrs</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Subchronic emphysema</i>		<i>10 yrs</i>
	DUE TO (c) <i>Bronchial Asthma</i>		<i>20 yrs</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>24 hrs</i>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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
21. I attended the deceased from <i>1954</i> , to <i>1958-2-12</i> and last saw her alive on <i>2-11-58</i> Death occurred at <i>4 AM 2-12-58</i> m on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <i>Mark Dodge MD</i>	22b. ADDRESS <i>4635 Wyandott KCMO</i>	22c. DATE SIGNED <i>2-12-58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>2-14-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>City Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Corder, Missouri</i>
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24. FUNERAL DIRECTOR <i>Melody - McKelley - Corder</i>	ADDRESS <i>1710 Eastland - Corder</i>	25. DATE RECD. BY LOCAL REG. <i>2-13-58</i>	26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Mark Dodge

4635 Wagoner
Jes 1-0552

MAR 10 1958

SEP 20 1961

MAY 1 1958



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 *John C. Peckham*

Licensed Embalmer No. 5925

P. O. Address *Judge & Me*

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.