

FILED APR 3 1958

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. _____ Registrar's No. 243

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEW MADRID</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR <u>CAPE GIRARDEAU</u> c. LENGTH OF STAY (in this place) <u>27 hrs. 48 m.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>NEW MADRID</u> <u>0720</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST FRANCIS HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>RFD #1 Box 32A</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOHNNY</u>	b. (Middle) <u>LEE</u>	c. (Last) <u>RILEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 14, 1958</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>single</u>	8. DATE OF BIRTH <u>MARCH 13, 1958</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days <u>0</u> <u>1</u>	IF UNDER 2 HRS. Hours Min. <u>3</u> <u>48</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>DAN RILEY</u>	13b. MOTHER'S MAIDEN NAME <u>MARTHA BAYLIS</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Martha Baylis Riley</u> ADDRESS <u>New Madrid</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>APNEA</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>1 day</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Circulatory failure</u> DUE TO (c) <u>Pneumatury</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Placenta Praevia</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>2</u> 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) (Min.)	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 13 March 1958, to 14 March 1958, that I last saw the deceased alive on 14 March 1958, and that death occurred at 3:44 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>James A. Kinney M.D.</u> (Degree or title)	23b. ADDRESS <u>Cape Girardeau MO.</u>	23c. DATE SIGNED <u>18 March 1958</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>15 MAR. 58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FANNIE POWELL CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>NEW MADRID, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>March 31, 1958</u>	REGISTRAR'S SIGNATURE <u>Dr. Homer E. Cooper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ernesto K. Hedyguth</u> ADDRESS <u>New Madrid</u>
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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.

Not Embalmed