

FILED MAY 9 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-014419

STATE FILE NUMBER

1999

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before institution) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>								
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3232 Jefferson</b>			Length of stay in lb. <b>70 yrs</b>		d. STREET ADDRESS <b>3232 Jefferson</b> (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First <b>Hannah</b> Middle <b>Riley</b> Last <b>Riley</b>				4. DATE OF DEATH Month <b>April</b> Day <b>17</b> Year <b>1958</b>								
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Aug. 6, 1871</b>		9. AGE (In years last birthday) <b>86</b>		IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>			11. BIRTHPLACE (City and state or country) <b>Missouri City, Mo.</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13. FATHER'S NAME <b>Jeremiah Sullivan</b>						14. MOTHER'S MAIDEN NAME <b>unk.</b>						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Mrs. Margaret A. Judge, K.C. Mo.</b> Address <b>3232 Jefferson</b>						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic Cardio-vascular Disease</b>								INTERVAL BETWEEN ONSET AND DEATH <b>4221</b>				
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>				
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 <b>7:30</b> 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 <b>Nov. 1956</b> to <b>April 17, 1958</b> and last saw her <b>alive</b> on <b>March 1958</b> . Death occurred at <b>7:30 A. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.												
22a. SIGNATURE <b>Chas. G. Stanley, M.D.</b> (Degree or title)						22b. ADDRESS <b>527 Professional Bldg. K.C. Mo.</b>			22c. DATE SIGNED <b>4/18/58</b>			
23a. BURIAL, CREMATION, REMOVAL, ETC. <b>Burial</b>		23b. DATE <b>4-19-58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>St. Mary's Cemetery</b>				23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>				
24. FUNERAL DIRECTOR <b>Mellody-McGilley-Eylar Funeral Home</b> <b>20 W. Linwood, K.C. Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>4-18-58</b>		26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>						

Health, & Welfare Public Service  
300-1-56  
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Chas. G. Stanley

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.....  
*Wm A Gentry*

Licensed Embalmer No. *50*

P. O. Address *K. C. M.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.