

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018922

STATE FILE NUMBER

FILED JUN 9 1958 Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 118

300
-57

1. PLACE OF DEATH a. COUNTY LINCOLN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY LINCOLN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BEDFORD		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN FOLEY 6570
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LINCOLN Co. Hosp		Length of stay in lb 5 WKS.	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last SAMUEL LEWIS RIFFLE			4. DATE OF DEATH Month Day Year MAY 30 1958		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY 3, 1973	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) FOLEY, Mo	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Riffle		13b. MOTHER'S MAIDEN NAME Ellen ?		14. NAME OF HUSBAND OR WIFE ELIZABETH RIFFLE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S Address STELLA PALMER FOLEY, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) The dullary Paralysis		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Myocardial Infarction	
	DUE TO (c) Atherosclerosis 4201	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bowel obstruction 1 Mo ago		19. WAS AUTOPSY PERFORMED? 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.)	
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, form, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Troy, Mo	COUNTY Troy	STATE Mo
21. I attended the deceased from 4/21 58 to 5/30/58 and last saw her alive on 5/30/58 Death occurred at 4:30 pm on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (In free or title) Bernard Parfitt Doz		22b. ADDRESS Troy, Mo		22c. DATE SIGNED 6/3/58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6-1-58	23c. NAME OF CEMETERY OR CREMATORY CORINTH	23d. LOCATION (City, town, or county) (State) FOLEY, Mo.
24. FUNERAL DIRECTOR O'Gurlan Ricks		ADDRESS 4 Edsberry Mo 6-5-58	25. DATE RECD. BY LOCAL REG. 6-5-58
		26. REGISTRAR'S SIGNATURE Charlotte Leek Deputy.	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *C. G. Gaudin*

Licensed Embalmer No. *4012*
P. O. Address *E. Liberty, W.*

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.