

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028316
STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 914

1. PLACE OF DEATH
a. COUNTY **Buchanan**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Buchanan**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Joseph** Inside Limits Yes No

c. CITY OR TOWN **St. Joseph** Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Johnnies Grill 6th & Charles** Length of stay in 1b

d. STREET ADDRESS (If outside, give location) **417 So. 9th St.** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
Chester Leroy Riley

4. DATE OF DEATH Month Day Year
August 23 1958

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED NEVER MARRIED WIDOWED 3 DIVORCED

8. DATE OF BIRTH **Jan. 18, 1907** 9. AGE (In years last birthday) **51** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired) **Hod Carrier** 10b. KIND OF BUSINESS OR INDUSTRY **Construction** 11. BIRTHPLACE (City and state or country) **Stanberry, Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **William Riley** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes WW#2** 16. SOCIAL SECURITY NO. **yes** 17. INFORMANT **Robert Riley** Address **St. Joseph, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line in (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Syncope**
DUE TO (b) **Broken Compensation**
DUE TO (c) **arteriosclerotic disease**

CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.

INTERVAL BETWEEN ONSET AND DEATH **at once**

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) **4200**

20c. TIME OF INJURY Hour Month, Day, Year **7 a.m. Aug 23 1958** PLACE OF INJURY (City, town, or location, farm, factory, street, office bldg., etc.) **Johnnies grill 6th + Charles Saint Joseph MO** 20f. CITY, TOWN, OR LOCATION **Buchanan MO** COUNTY STATE

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21. I attended the deceased from Death occurred at **7 AM** on the **7th** day of **August** 1958 at **St. Joseph, Mo.** and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Coroner** 22b. ADDRESS **214 Park Street St. Joseph 8, Mo** 22c. DATE SIGNED **Aug 23 1958**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **8/24/58** 23c. NAME OF CEMETERY OR CREMATORY **Stanberry, Missouri** 23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR **Houston Bowman** ADDRESS **St. Joseph, Mo.** 25. DATE RECD. BY LOCAL REG. **Aug 24, 1958** 26. REGISTRAR'S SIGNATURE **Mrs. Clark Goodell**

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57
3

SEP 12 1958

NOV 5 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 *Eugene Wood*

Licensed Embalmer No. *3804*

P. O. Address *319 So 10th St. Joplin*

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.