

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000767
STATE FILE NUMBER

FILED FEB 11 1959

Registration District No. 99 Primary Registration District No. Registrar's No. 3

300
-57

1. PLACE OF DEATH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY DeKalb	
b. CITY (If outside corporate limits, give TOWNSHIP only) Maysville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Maysville 03100 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb life	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First KENT Middle N. Last RIFFIE			4. DATE OF DEATH Month Feb. Day 1 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 28 1912	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Dairyman		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Maysville Mo		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Grover Riffie		13b. MOTHER'S MAIDEN NAME Grace Nichols		14. NAME OF HUSBAND OR WIFE Ivaloo Riffie	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) yes 11/22-42 to 11/24-45		16. SOCIAL SECURITY NO. 491-42-4596		17. INFORMANT Mrs Ivaloo Riffie Address Maysville 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) Coronary Embolism DUE TO (b) Thrombosis right iliac Artery and Vein DUE TO (c) Traumatic injury - Auto Accident			INTERVAL BETWEEN ONSET AND DEATH Stat. 1 yr. 4 mo Sept 20 1957
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"/>

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.) Auto mobile Accident Sept. 20th 1957		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	This Accident Contributory to death.		
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 333	COUNTY STATE

21. I attended the deceased from Aug 1st 1950 to Feb 1st 1959 and last saw her/him alive on Jan 31st 1959 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE C. E. Blouin (Degree or title)	22b. ADDRESS 2 Cameron, Mo.	22c. DATE SIGNED 2-3-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/3-59	23c. NAME OF CEMETERY OR CREMATORY Amity	23d. LOCATION (City, town, or county) (State) Amity Missouri
24. FUNERAL DIRECTOR PILCHER FUNERAL HOME ADDRESS Maysville Mo		25. DATE RECD. BY LOCAL REG. 2/3-59	26. REGISTRAR'S SIGNATURE Louis Davidson

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

AUG 7 1959

MAR 31 1959

MAR 21 1959

MAR 19 1959

MAR 8 1959

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.B. Pilcher

Licensed Embalmer No. 3960

P. O. Address Maysville Mo.....

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.