

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002076

STATE FILE NUMBER

FILED FEB 6 1959

Registration District No. 200 Primary Registration District No. Registrar's No. 25

300
-57

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hudson Township		c. CITY OR TOWN Kirksville <i>0130</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Still-Hildreth San		d. STREET ADDRESS 401 E. Washington St.,	
3. NAME OF DECEASED (Type or print) First Laura Middle A. Last Riley		4. DATE OF DEATH Month Jan Day 29 Year 1959	
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 30, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Funeral Director		10b. KIND OF BUSINESS OR INDUSTRY Funeral Home	11. BIRTHPLACE (City and state or country) Scotland County, Mo.
13a. FATHER'S NAME Hamilton H. Moore		13b. MOTHER'S MAIDEN NAME Sarah Ray	14. NAME OF HUSBAND OR WIFE Dee Riley
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 Paul M. Riley, Kirksville, 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) Sepsis			INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bronchial pneumonia			5 days
DUE TO (c) senile psychosis			3 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis			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 _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <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 Sept 1, 1958 to Jan 29, 1959 and last saw her alive on Jan 29, 1959 Death occurred at 8:50 pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J. D. Perkins</i>		22b. ADDRESS Macon, Missouri	22c. DATE SIGNED Jan 30-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/1/59	23c. NAME OF CEMETERY OR CREMATORY Maple Hills Cemetery	23d. LOCATION (City, town, or county) (State) Kirksville, Mo.
24. FUNERAL DIRECTOR <i>Paul M. Riley</i>		25. DATE RECD. BY LOCAL REG. 2/3/59	26. REGISTRAR'S SIGNATURE <i>Ruth McNeely</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Date Filed 2-5-57

JUL 28 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 *George W. Davolt*

Licensed Embalmer No. *4799*

P. O. Address *Wilmington, MD*

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.