Health, & Welfare Public Service

6. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008066

STATE FILE NUMBER

FILED MAR 9 1959 Registration District No. 325 Primary Registration District No. 4476 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY: Schuyler
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Downing — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): — Length of stay in 1b:

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY: Schuyler
c. CITY OR TOWN: Downing — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Maud — Middle: E — Last: Riney

4. DATE OF DEATH: Month: Feb — Day: 22 — Year: 1959

5. SEX: F — **6. COLOR OR RACE**: W — **7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Sept 18 1879

9. AGE (In years at last birthday): 79 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Scotland Co Mo

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Harrison Bennett

13b. MOTHER'S MAIDEN NAME: Sarah Marton

14. NAME OF HUSBAND OR WIFE: Warren Riney

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Warren Riney — Address: Downing Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Circulatory failure — INTERVAL BETWEEN ONSET AND DEATH:
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Congestive heart failure — 1 year
DUE TO (c) Arteriosclerosis — years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes Mellitus 4500

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.)

20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — **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 4-23-55, to 2-22-59 and last saw her/him alive on 2-21-59
Death occurred at 9:00 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: H. R. Stoker, (Degree or title) D.O. — **22b. ADDRESS**: Lancaster, Mo. — **22c. DATE SIGNED**: Feb. 24, 1959

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **23b. DATE**: Feb 24 1959 — **23c. NAME OF CEMETERY OR CREMATORY**: Bourbon Cemetery — **23d. LOCATION** (City, town, or county) (State): Scotland Co Mo

24. FUNERAL DIRECTOR: Luther R. Barkett — **ADDRESS**: Memphis Mo — **25. DATE RECD. BY LOCAL REG.**: 2-24-59 — **26. REGISTRAR'S SIGNATURE**: Jesse R. J. Drake

(Licensed Embalmer's Statement on Reverse Side)

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 .....Fred Luttrell.....

Licensed Embalmer No....4258.....

P. O. Address.....Memphis.....

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.