

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**FILED VS FEB 24 1960**

**-60-004981**

STATE FILE NUMBER

Registration District No. 4 Primary Registration District No. \_\_\_\_\_ Registrar's No. 137

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Atchison</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fairfax</u>		Length of stay in lb <u>7 wks</u>		c. CITY OR TOWN <u>Tarkio</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Fairfax Community Hospt</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH		Month Day Year	
First <u>DOLLIE</u>		Middle <u>LUENA</u>		Last <u>RILEY</u>		<u>Feb 3, 1960</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov 9, 1921</u>	9. AGE (last birthday) <u>48</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>6</u>	IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (City and state or county) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S</u>	
13a. FATHER'S NAME <u>Alex Hicks</u>			13b. MOTHER'S MAIDEN NAME <u>Nora Pool</u>			14. NAME OF HUSBAND OR WIFE <u>Willard Riley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Willard Riley Tarkio, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Massive pulmonary embolus</u>							
DUE TO (b) <u>Postoperative - acute hemorrhagic</u>							
DUE TO (c) <u>pancreatitis</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Acute cholecystitis, cholelithiasis and internal biliary fistula</u>							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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.	Month, Day, Year						
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		COUNTY	STATE	
21. I attended the deceased from <u>9/18/53</u> to <u>2/3/60</u> and last saw <u>her</u> alive on <u>2/3/60</u>			Death occurred at <u>3:00 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <u>E. Niedermeyer M.D.</u>			(Degree or title)		22b. ADDRESS <u>Tarkio, Mo.</u>		
22c. DATE SIGNED <u>2/6/60</u>		23a. BURIAL, CREMATION, REMOVAL (specify) <u>burial</u>		23b. DATE <u>2/6/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Home Cemetery</u>		
23d. LOCATION (City, town, or county) <u>Tarkio, Mo.</u>		23e. STATE <u>Mo.</u>		24. FUNERAL DIRECTOR <u>Davis Funeral Home</u>		ADDRESS <u>Tarkio, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>Feb 19, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Marvin W. Schaefer</u>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Frank C. Brown*

Licensed Embalmer No. 3338

P. O. Address Tarkio, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.