URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS APR 11 1960

60-009730
STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 96

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

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

3. NAME OF DECEASED (Type or print) First Casper Middle O. Last Riley
4. DATE OF DEATH Month April Day 3, Year 1960
5. SEX M
6. COLOR OR RACE W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 4/8/1880
9. AGE (last birthday) 79
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (City and state or country) Schuyler County, Mo.
12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Robert Van Riley
13b. MOTHER'S MAIDEN NAME Roberta Haley
14. NAME OF HUSBAND OR WIFE Adah Shipman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) X
16. SOCIAL SECURITY NO.
17. INFORMANT Address Mrs. Adah Riley, Queen City, Mo.

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) Chronic Passive Congestion — INTERVAL BETWEEN ONSET AND DEATH: 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Uremia — 2 days
DUE TO (c) Nephritis — 2 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
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 Mar 9. 60 Apr. 3 60 and last saw ~~her~~ him alive on 4-3-60
Death occurred at 8.08 am m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE R D Stickelen MD (Degree or title)
22b. ADDRESS Kirksville, Mo.
22c. DATE SIGNED 4/5/60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4/5/60
23c. NAME OF CEMETERY OR CREMATORY Queen City, Cemetery
23d. LOCATION (City, town, or county) (State) Queen City, Mo.
24. FUNERAL DIRECTOR Paul M. Riley ADDRESS Kirksville, Mo.
25. DATE RECD. BY LOCAL REG. 4-6-1960
26. REGISTRAR'S SIGNATURE Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

AUG 16 1960

R.O. STICKLER M.D.

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 George W. Davall

Licensed Embalmer No. 4799

P. O. Address Kirksville

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