

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

LED VS APR 18 1960

-60-014381

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 210

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <b>Butler</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Butler</b>											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Poplar Bluff, Mo.</b>		Length of stay in 1b		c. CITY OR TOWN <b>Poplar Bluff</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1701 Woodrow St.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <b>1701 Woodrow</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First <b>George</b> Middle <b>Washington</b> Last <b>Rievley</b>				4. DATE OF DEATH <b>March 16, 1960</b> Month <b>March</b> Day <b>16</b> Year <b>1960</b>											
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>3-5-87</b>		9. AGE (last birthday) <b>79</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Mo. Pac. Section Foreman</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Wayne County, Mo.</b>				11. BIRTHPLACE (City and state or country) <b>U.S.</b>				12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>			
13a. FATHER'S NAME <b>Hugh Rievley</b>				13b. MOTHER'S MAIDEN NAME <b>Mary Jane Long</b>				14. NAME OF HUSBAND OR WIFE <b>Cora E. Ham Rievley, Dec'd</b>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>				16. SOCIAL SECURITY NO. <b>702-16-0102</b>				17. INFORMANT <b>Mrs. Tom Gallamore, Poplar Bluff, Mo</b>				Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Edema of Lung</b> <b>Congestive Heart Failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____										INTERVAL BETWEEN ONSET AND DEATH <b>4 1/2 days</b>					
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <b>3-14-1960</b> to <b>3-16-1960</b> and last saw her/him alive on <b>3-15-1960</b> Death occurred at <b>2:28 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE <b>S. S. Hous</b> (Degree or title)						22b. ADDRESS <b>215 Oak St. Poplar Bluff, Mo.</b>			22c. DATE SIGNED <b>3-30-60</b>						
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>3-17-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cem.</b>				23d. LOCATION (City, town, or county) <b>Poplar Bluff, Mo.</b> (State)							
24. FUNERAL DIRECTOR <b>Frank-Cotrell Poplar Bluff, Mo.</b> ADDRESS				25. DATE RECD. BY LOCAL REG. <b>4/5/60</b>				26. REGISTRAR'S SIGNATURE <b>R. M. Muelree</b>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1961 6 7 86

0961 6 7 86

STATEMENT BY LICENSED EMBALMER

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

or by \_\_\_\_\_, working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Edgar W. Pappas  
Licensed Embalmer No. 3394

P. O. Address Poplar Bl

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