

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 5 1960

-60-023880
STATE FILE NUMBER

Registration District No. 224 Primary Registration District No. 5792 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>MONITEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MONITEAU</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN	Length of stay in 1b <u>29RS</u>	c. CITY OR TOWN <u>BARNETT</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>6mi-N-E-BARNETT</u>		d. STREET ADDRESS (If outside, give location) <u>6mi-N-E-BARNETT</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>ANNIE-</u> Middle <u>ELLIS-</u> Last <u>Riffle</u>			4. DATE OF DEATH Month <u>JUNE</u> Day <u>21</u> Year <u>1960</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7 MARCH - 1881 - 79</u>	9. AGE (last birthday) <u>79</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At-Home</u>	11. BIRTHPLACE (City and state of country) <u>MORGAN-Co-Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wm H - James</u>		13b. MOTHER'S MAIDEN NAME <u>Polly - CONNER</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph - Riffle</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>JOE - Riffle - BARNETT - M</u> Address		

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 <u>Instant</u> <u>10 yrs.</u>
IMMEDIATE CAUSE (a)	<u>Cerebral Hemorrhage</u>	
CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.	<u>Arterio-sclerosis</u>	
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 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.) <u>NONE</u>
20c. TIME OF INJURY Hour a.m. p.m. <u>NONE</u>	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.) <u>NONE</u>	20f. CITY, TOWN, OR LOCATION <u>NONE</u>	COUNTY	STATE
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21. I attended the deceased from July, 1959 to 6/21/60 and last saw her alive on 5/10/60
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Robt. E. Murrell</u>	(Degree or title) <u>DO</u>	22b. ADDRESS <u>ELDON - Mo</u>	22c. DATE SIGNED <u>22 JUNE - 60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>23 JUNE - 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>VERSAILLES -</u>	23d. LOCATION (City, town, or county) <u>VERSAILLES - Mo</u>
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24. FUNERAL DIRECTOR <u>Keith M. Hays</u>	ADDRESS <u>ELDON - Mo</u>	25. DATE RECD. BY LOCAL REG. <u>6/24/60</u>	26. REGISTRAR'S SIGNATURE <u>Helen K. Papezay</u>
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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 Keith M. Kays
Licensed Embalmer No. 3998

P. O. Address Eldon

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.