MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 19 1961

-61-000598
STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. _____ Registrar's No. 8

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
10			
10			
7			
3			
0			

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Strawsburg — Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 2 miles east — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Johnson
c. CITY OR TOWN: Holden — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): R.F.D. 1 — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: GWENDOLYN Middle: FAYE Last: RILEY
4. DATE OF DEATH: Month Jan Day 9 Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3/19/60
9. AGE (last birthday): IF UNDER 1 YEAR: Months 10 Days; IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): x
10b. KIND OF BUSINESS OR INDUSTRY: x
11. BIRTHPLACE (City and state or country): Kansas City, Kan
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Charley H Riley
13b. MOTHER'S MAIDEN NAME: Eula Jean Stoneking
14. NAME OF HUSBAND OR WIFE: x
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Charley H Riley, Address: Holden, 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): Cerebral Trauma — INTERVAL BETWEEN ONSET AND DEATH: instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
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.) Auto and Train Collision
20c. TIME OF INJURY: Hour 1:15 p.m. Month, Day, Year 1-9-61
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.): Railroad Crossing
20f. CITY, TOWN, OR LOCATION: Strasburg COUNTY: Cass STATE: Mo

21. I attended the deceased from _____ to _____ and last saw he/she alive on _____
Death occurred at 1-9-61 1:15 Pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Glenn Cummins Coroner (Degree or title)
22b. ADDRESS: Harrisonville Mo
22c. DATE SIGNED: 1-10-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1/12/61
23c. NAME OF CEMETERY OR CREMATORY: Carpenter
23d. LOCATION (City, town, or county) (State): Chilhowee, Mo.
24. FUNERAL DIRECTOR: Cook Funeral Home, ADDRESS: Chilhowee, Mo
25. DATE RECD. BY LOCAL REG.: 1-11-61
26. REGISTRAR'S SIGNATURE: Mrs Ray Sebree

(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 _____

Licensed Embalmer No. 4335

P. O. Address Chilkoot, Me

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.