

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000599

FILED VS JAN 19 1961

Registration District No. 59 Primary Registration District No. \_\_\_\_\_ Registrar's No. 10

STATE FILE NUMBER

WRITE  
STATUS

AMENDED

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59

DATE AMENDED

10

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

TYPEWRITER RIBBON

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Cass</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Strawburg</b>		Length of stay in 1b		c. CITY OR TOWN <b>Holden</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2 miles east</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>R.F.D. L</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Middle Last <b>JOSEPH LEROY RILEY</b>				4. DATE OF DEATH Month Day Year <b>JAN 9, 1961</b>							
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>3/6/59</b>		9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>X</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>X</b>		11. BIRTHPLACE (City and state or country) <b>Butler, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>				
13a. FATHER'S NAME <b>Charley H Riley</b>			13b. MOTHER'S MAIDEN NAME <b>Eula Jean Stoneking</b>			14. NAME OF HUSBAND OR WIFE <b>X</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>none</b>		17. INFORMANT <b>Charley H. Riley, Holden, 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>Cerebral Trauma</b>								INTERVAL BETWEEN ONSET AND DEATH <b>instant</b>			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <b>Auto and train collision</b>							
20c. TIME OF INJURY Hour <b>1:15</b> p.m.		Month, Day, Year <b>1-9-61</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>rail road crossing</b>		20f. CITY, TOWN, OR LOCATION <b>Strawburg</b>		COUNTY <b>Cass</b>		STATE <b>Mo</b>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>											
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>1-9-61 1:15 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <b>Glen Cummins</b>				(Degree or title) <b>Corona Cass Co Harrisonville Mo</b>				22b. ADDRESS <b>Harrisonville Mo</b>		22c. DATE SIGNED <b>1-9-61</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>1/12/61</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Carpenter</b>			23d. LOCATION (City, town, or county) <b>Chilhowee, Mo.</b>			(State)	
24. FUNERAL DIRECTOR <b>Cook Funeral Home, Chilhowee, Mo</b>					25. DATE RECD. BY LOCAL REG. <b>1-11-61</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Ray Scher</b>				

**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 *Jessie*

Licensed Embalmer No. 4335

P. O. Address Chilhowee, Mo

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.