

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

1961-024259
STATE FILE NUMBER

AMENDED
Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 198

FILED JUL 24 1961

1. PLACE OF DEATH a. COUNTY <u>Poplar Bluff</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>															
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Poplar Bluff</u>		Length of stay in 1b <u>1 day</u>		c. CITY OR TOWN <u>Dexter</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>													
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>225 North Locust</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
3. NAME OF DECEASED (Type or print) First <u>McKuley</u> Middle <u>Riley</u> Last <u>Riley</u>				4. DATE OF DEATH Month <u>3</u> Day <u>3</u> Year <u>1961</u>															
5. SEX <u>female</u>		6. COLOR OR RACE <u>cauc</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>2/1/1881</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>housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Murphysboro, Ill</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S.</u>											
13a. FATHER'S NAME <u>Jake Webb</u>				13b. MOTHER'S MAIDEN NAME <u>Unknown</u>				14. NAME OF HUSBAND OR WIFE <u>deceased</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 Address <u>John R. Smith Dexter, Missouri</u>													
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Heart failure, congestional, acute,</u>										INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>									
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Pulmonary edema acute bilateral</u>										<u>unknown</u>									
DUE TO (c) <u>Ulegocarditis, chronic, severe</u>										<u>unknown</u>									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Severely, generalized, severe</u>								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 / 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 <u>(7:30 P.M.) 7-9-61</u> to <u>(10:30 P.M.) 7-9-61</u> and last saw her <u>him</u> alive on <u>10:30 P.M. 7-9-61</u> Death occurred at <u>10:50 p.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.																			
22a. SIGNATURE (Degree or title) <u>B. M. Academy M.D.</u>						22b. ADDRESS <u>Poplar Bluff, Mo</u>				22c. DATE SIGNED <u>7-15-61</u>									
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>7/11/61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Hagy Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>Dexter, Missouri</u>												
24. FUNERAL DIRECTOR <u>Watkins & Sons</u>				ADDRESS <u>Dexter, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>7/20/1961</u>		26. REGISTRAR'S SIGNATURE <u>Thelma Graham</u>											

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

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 Carl M. Walker

Licensed Embalmer No. 4964
P. O. Address Dexter 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.