

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-025883

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 69

FILED AUG 8 1962									
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Atchison</u></p> <p>b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fairfax</u> Length of stay in lb <u>3 da</u></p> <p>c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Fairfax Community Hosp</u> Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u></p> <p>c. CITY OR TOWN <u>Tarkio</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>d. STREET ADDRESS (if outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>								
<p>3. NAME OF DECEASED First Middle Last <u>Donald Leon Riley Jr</u></p> <p>4. DATE OF DEATH Month Day Year <u>July 24, 1962</u></p>									
<p>5. SEX <u>male</u></p>	<p>6. COLOR OR RACE <u>white</u></p>	<p>7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>6/19/1962</u></p>	<p>9. AGE (last birthday) * <u>1</u> Months <u>5</u> Days <u></u> Hours <u></u> Min.</p>	<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u></p>	<p>10b. KIND OF BUSINESS OR INDUSTRY</p>	<p>11. BIRTHPLACE (City and state or country) <u>Fairfax Missouri</u></p>	<p>12. CITIZEN OF WHAT COUNTRY <u>U.S</u></p>	
<p>13a. FATHER'S NAME <u>Donald Leon Riley Sr</u></p>		<p>13b. MOTHER'S MAIDEN NAME <u>Connie Lambert</u></p>		<p>14. NAME OF HUSBAND OR WIFE <u>infant</u></p>					
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u></p>		<p>16. SOCIAL SECURITY NO. <u>none</u></p>		<p>17. INFORMANT <u>Donald L. Riley Sr</u> Address <u>Tarkio, Mo.</u></p>					
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Congenital heart lesion</u></p> <p style="text-align: center;">DUE TO (b) <u>Exact nature undetermined</u></p> <p style="text-align: center;">DUE TO (c) _____</p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p>								<p>INTERVAL BETWEEN ONSET AND DEATH</p>	
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>						<p>PART III. If deceased was female was there a pregnancy in last 90 days.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>			
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>							
<p>20c. TIME OF INJURY Hour _____ s.m. _____ p.m. _____</p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p>							
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION</p>		<p>COUNTY</p>		<p>STATE</p>			
<p>21. I attended the deceased from <u>6/19/62</u> to <u>7/24/62</u> and last saw him alive on <u>7/24/62</u></p> <p>Death occurred at <u>4:50</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>									
<p>22a. SIGNATURE (Degree or title) <u>W.D. M.D.</u></p>				<p>22b. ADDRESS <u>Tarkio, Mo.</u></p>		<p>22c. DATE SIGNED <u>7/26/1962</u></p>			
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u></p>		<p>23b. DATE <u>7/26/62</u></p>		<p>23c. NAME OF CEMETERY OR CREMATORY <u>Home Cemetery</u></p>		<p>23d. LOCATION (City, town, or county) (State) <u>Tarkio, Mo.</u></p>			
<p>24. FUNERAL DIRECTOR <u>Davis Funeral Home</u> ADDRESS <u>Tarkio, Mo.</u></p>				<p>25. DATE RECD. BY LOCAL REG. <u>Aug 1, 1962</u></p>		<p>26. REGISTRAR'S SIGNATURE <u>Tharvin L. Schaefer</u></p>			

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 Frost A. Browning

Licensed Embalmer No. 3338

P. O. Address Tarkio, 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.