MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-032050
STATE FILE NUMBER

Registration District No. 280 Primary Registration District No. _____ Registrar's No. 59

FILED AUG 31 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

	DATE AMENDED	INSTEAD OF	SHOULD READ	ITEM NO.
1	10830			
2	20830			
3				
4	1			
5	0			
6				
7	0			
8	2			
9	332X			
10				
11				
12	86-2			
13	1-0			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY Platte
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Weston
Length of stay in 1b: 2 Months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Matthew Rest Home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Platte
c. CITY OR TOWN Weston, Missouri
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Anna Middle: Mary Last: Riley

4. DATE OF DEATH Month, Day, Year: August 16, 1962

5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-29-73
9. AGE (last birthday): 88
IF UNDER 1 YEAR: Months, Days
IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (City and state or country): Weston, Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Terry Riley
13b. MOTHER'S MAIDEN NAME: Julia Quinn
14. NAME OF HUSBAND OR WIFE: —

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: Terrence Riley Address: Platte City, 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 thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis
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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 28, 1962 to Aug. 16 and last saw her alive on Aug. 16, 1962
Death occurred at 6 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) D.O.
22b. ADDRESS Weston Missouri
22c. DATE SIGNED 8/17/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-18-62
23c. NAME OF CEMETERY OR CREMATORY: Laurel Hill Cemetery
23d. LOCATION (City, town, or county) (State): Weston, Missouri

24. FUNERAL DIRECTOR: Vaughn Funeral Home ADDRESS: Weston, Mo.
25. DATE RECD. BY LOCAL REG.: Aug-18-1962
26. REGISTRAR'S SIGNATURE: Ophra Rollins

(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_____ Signed W. R. Vaughn

Signature of Student Embalmer

Licensed Embalmer No. X623

P. O. Address Weston, 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.