

FILED DEC 7 1950

STANDARD CERTIFICATE OF DEATH

State File No. 36856

BIRTH NO. REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4221 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY Holt		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Holt	
b. CITY (If outside corporate limits, write RURAL and give township) Mound City		c. CITY (If outside corporate limits, write RURAL and give township) Mound City 0440	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mound City		d. STREET ADDRESS (If rural, give location) Mound City 0	

3. NAME OF DECEASED (Type or Print)		a. (First) Earl		b. (Middle) Lewis		c. (Last) Riffe		4. DATE OF DEATH (Month) 11 (Day) 25 (Year) 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 20, 1884		9. AGE (In years last birthday) 66	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Hardware Store		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME William L. Riffe		13b. MOTHER'S MAIDEN NAME Emma Woodyard		14. NAME OF HUSBAND OR WIFE Carolyn Riffe	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Carolyn Riffe Mound City, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Endocarditis Secondary		INTERVAL BETWEEN ONSET AND DEATH Several years	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac-renal disease			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4/2x	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-23		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

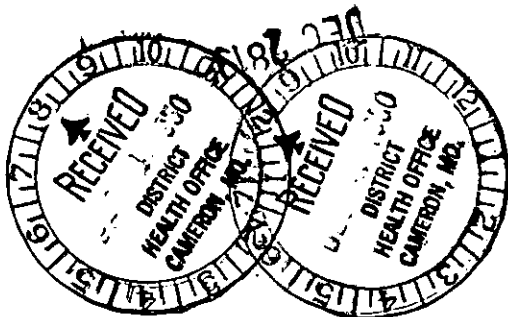
22. I hereby certify that I attended the deceased from Feb. 1949 to 11-25, 1950, that I last saw the deceased alive on 11-13, 1950 and that death occurred at 3 a.m., from the causes and on the date stated above.

23a. SIGNATURE F. E. Blodan		(Degree or title) M.D.		23b. ADDRESS Mound City, Mo.		23c. DATE SIGNED 11-27-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/28/50		24c. NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery		24d. LOCATION (City, town, or county) (State) Mound City, Missouri	

DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE J. H. Craig		25. FUNERAL DIRECTOR'S SIGNATURE James H. Crawford		ADDRESS Mound City, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.