S. No. 300
v. 10-48

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

FILED SEP 14 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 4553

State File No. 30895

BIRTH NO. _____ REG. DIST. NO. 379 PRIMARY REG. DIST. NO. 6-2-87 Registrar's No. 46

1140
0

1. PLACE OF DEATH
a. COUNTY: Wright
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mansfield
c. LENGTH OF STAY (In this place): Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mansfield Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: Wright
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cedar GAP Rural
d. STREET ADDRESS (If rural, give location): 1140 0

3. NAME OF DECEASED (Type or Print): a. (First) FREDERICK b. (Middle) ELMER c. (Last) RILEY

4. DATE OF DEATH: (Month) 9 (Day) 4 (Year) 1953

5. SEX: M D

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 24 1889

9. AGE (In years last Birthday): 64 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Furniture Store

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Tennessee /

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: William Henry Riley

13b. MOTHER'S MAIDEN NAME: Martha Jane Guild

14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes W.W. I

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Letitia Riley Cedar GAP 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Thrombosis — ?
DUE TO (c) Arteriosclerosis — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 4-20-1

20. AUTOPSY? YES ☐ NO ☑

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/27, 1953, *to* 9-4, 1953, *that I last saw the deceased alive on* 9-4, 1953, *and that death occurred at* 9:45 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. R. Gill — (Degree or title) D.O.

23b. ADDRESS: Seymour

23c. DATE SIGNED: 9/5/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 9-6-53

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State): Memphis Tenn.

DATE REC'D BY LOCAL REG. 9-5-53

REGISTRAR'S SIGNATURE: [signature]

25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Max F Miller Mansfield Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED SEP 8 1953
WRIGHT CO. HEALTH DEPT.

County File Number 953-120
Date Filed 9-12-53

SEP 17 1953

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 .....
Student Embalmer

Signed Max L Miller

Licensed Embalmer No. 4720

P. O. Address Mansfield, 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 this body is not embalmed, fact should be so stated above.