Health, & Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-028967
STATE FILE NUMBER

FILED SEP 2 1958

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 56

1. PLACE OF DEATH
a. COUNTY HOWELL
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) WEST PLAINS — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) STOLL SURGICAL — Length of stay in Ib 5n DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY HOWELL
c. CITY OR TOWN WEST PLAINS c 411 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) CLEVELAND AVE. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First JOHN Middle BENT Last RILEY
4. DATE OF DEATH Month AUG Day 13 Year 58

5. SEX M
6. COLOR OR RACE W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH 11/4/1882
9. AGE (In years last birthday) 75 — 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) SAWMILL OWNER
10b. KIND OF BUSINESS OR INDUSTRY SAWMILL
11. BIRTHPLACE (City and state or country) DOUGLAS COUNTY, MO.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME ROBERT RILEY
13b. MOTHER'S MAIDEN NAME SARAH (unk)
14. NAME OF HUSBAND OR WIFE DECEASED

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NONE (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT LEWIS RILEY Address WEST PLAINS, 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 Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis, senile
DUE TO (c) 331X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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 8-8-58 to 8-13-58 and last saw her/him alive on 8-13-58
Death occurred at 5:30 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J B Stoll M.D.
22b. ADDRESS West Plains Mo
22c. DATE SIGNED 8/26/58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 8/16/58
23c. NAME OF CEMETERY OR CREMATORY SWEETON
23d. LOCATION (City, town, or county) DORA, MO. (State)

24. FUNERAL DIRECTOR ROBERTSONS ADDRESS WEST PLAINS, MO.
25. DATE RECD. BY LOCAL REG. 8-29-58
26. REGISTRAR'S SIGNATURE Beatrice Cook

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 .....

Licensed Embalmer No. 4577

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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