

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13679

State File No.

0551

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5655 Registrar's No. 324

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mount Vernon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Annapolis</u> <u>0470</u>	
c. LENGTH OF STAY (in this place) <u>78 days</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Sanatorium</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>M.</u> c. (Last) <u>Risher</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 - 26 - 50</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8-3-18</u>
9. AGE (In years last birthday) <u>31</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>James Latz</u>		13b. MOTHER'S MAIDEN NAME <u>Heluy</u>	14. NAME OF HUSBAND OR WIFE <u>Corlas Risher</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ruby Ann Wilson, Mo. State San.</u> ADDRESS <u>Vernon, Mo.</u>
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) <u>Pulmonary tuberculosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____ DUE TO (b) _____ _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. _____	
		INTERVAL BETWEEN ONSET AND DEATH <u>About</u> <u>10 months.</u>	
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) <u>089</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>2-6</u> , 19 <u>50</u> , to <u>4-26</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4-26</u> , 19 <u>50</u> , and that death occurred at <u>2:15 Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>C. A. Bruster M.D.</u>		23b. ADDRESS <u>Missouri State San. Mount Vernon, Mo.</u>	
23c. DATE SIGNED <u>4-26-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-26-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Annapolis Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Annapolis Mo.</u>	
DATE REC'D BY LOCAL REG. <u>April 27, 1950</u>		REGISTRAR'S SIGNATURE <u>Cecil Handcock</u> ADDRESS <u>411</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Mat J. Fossett</u>		ADDRESS <u>Wetherspoon, Mo.</u>	

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

RECEIVED APR 28 1950
District Health Office No. 6,
District File Number 450-496
Date Filed 4-28-50

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 J. Fossett

Licensed Embalmer No. 4252

P. O. Address Mt Vernon, 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.