

FILED SEP 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26504

State File No.

0350
Malco. 2000

BIRTH NO. _____ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4178 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Dunklin</u>		
b. CITY, (If outside corporate limits, write RURAL and give township) OR TOWN <u>Holcomb-Rural-</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Holcomb-Rural</u> <i>0350</i>		d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nannie</u> b. (Middle) <u>Marie</u> c. (Last) <u>Risley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-1-50</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>Nov. 10, 1907</u>	9. AGE (In years last birthday) <u>42</u>	IF UNDER 1 YEAR Months Days
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>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>A. L. Herring</u>		13b. MOTHER'S MAIDEN NAME <u>Elvira E. Cotter</u>		14. NAME OF HUSBAND OR WIFE <u>Bail Risley</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bail Risley</u> ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ruptured aortic aneurysm</u>				INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				452X
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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>Aug 1, 1950</u> , to <u>Aug 1, 1950</u> , that I last saw the deceased alive on <u>Aug 1, 1950</u> , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <u>H. D. Rutledge, M.D.</u> (Degree or title)			23b. ADDRESS <u>Campbell Dr</u>		23c. DATE SIGNED <u>8/7/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8-3-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Providence Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Malden Mo.</u>		
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE <u>J. Anderson</u> 89	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lloyd Russell, Registrar</u> ADDRESS			

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 9-5-50

COUNTY FILE NUMBER 950-251

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 Clifford Johnson

Licensed Embalmer No. 634

P. O. Address Payson, Ariz.

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.