

FILED DEC 1 1950

STANDARD CERTIFICATE OF DEATH

State File No. 37908  
Registrar's No. 43

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 4986

1. PLACE OF DEATH a. COUNTY Oregon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Oregon	
b. CITY (If outside corporate limits, write RURAL and give township) Thayer		c. CITY (If outside corporate limits, write RURAL and give township) Thayer	
c. LENGTH OF STAY (In this place) 76 Yrs.		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) PATIENCE b. (Middle) NEWELL c. (Last) ALEXANDER RISNER			4. DATE OF DEATH (Month) (Day) (Year) Oct. 19 1950
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 24, 1856
9. AGE (In years last birthday) 94		10. MONTHS 3	11. DAYS 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Wickly Co., Tenn.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Bill Alexander		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Lewis Risner			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Mrs. John Alford ADDRESS Thayer, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial Infarction</i> ANTECEDENT CAUSES <i>Anginal Heart Failure</i> <i>Hypertension</i> <i>Diabetes</i> Morbidity 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.	
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 July 1, 1950, to Oct 19, 1950, that I last saw the deceased alive on Oct 15, 1950, and that death occurred at 7:45 A.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Dev Cooper M.D.</i>		23b. ADDRESS Thayer Mo	
23c. DATE SIGNED 11-8-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 22, 1950	
24c. NAME OF CEMETERY OR CREMATORY Thayer Cemetery		24d. LOCATION (City, town, or county) (State) Thayer, Mo.	
DATE REC'D BY LOCAL REG. 11-27-50		REGISTRAR'S SIGNATURE Ella Cross 416	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<i>Edward Carter</i>		Thayer, Mo.	

0750

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

RECEIVED

NOV 30 1950

DISTRICT HEALTH OFFICE No. (

File No.....

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.

Student Embalmer No.....

Signed.....

*Belene Carter*

Signed.....

Student Embalmer

Licensed Embalmer No. 4516

P. O. Address Shreve, La

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.