

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **40278**  
 Registrar's No. **34**

**DECEASED** DEC 27 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **6** PRIMARY REG. DIST. NO. **5424**

0350

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

1. PLACE OF DEATH a. COUNTY <b>DUNKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Union Twp</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Union Twp. 0350</b>	
c. LENGTH OF STAY (In this place) <b>12 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>Home</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ANNIE</b>	b. (Middle)	c. (Last) <b>Risley</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 1 1950</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 11 1886</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>21</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>		11. BIRTHPLACE (State or foreign country) <b>Dexter, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>UNKNOWN</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>George Risley</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>George Risley</b>	ADDRESS <b>Campbell, Mo R.R.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>444X</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Failure</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardiac De-compensation</b> DUE TO (c) <b>Essential Hypertension</b>		
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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Jan, 1948**, to **Dec. 1, 1950**, that I last saw the deceased alive on **Dec. 1, 1950**, and that death occurred at **7:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Bryan L. Franklin</b>	23b. ADDRESS <b>Campbell, Mo.</b>	23c. DATE SIGNED <b>12/11/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 3 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Woodhawn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Campbell, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>12/12/1950</b>	REGISTRAR'S SIGNATURE <b>Mrs. Beulah Campbell</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Handess Funeral Home</b>	ADDRESS <b>Campbell, Mo.</b>
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RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT ... 12-18-50 .....  
COUNTY FILE NUMBER 1250-329

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 *Christina M. Lendess*

Licensed Embalmer No. *4227*

P. O. Address *Camphers, 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.