

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **7789**

FILED APR 4 1951

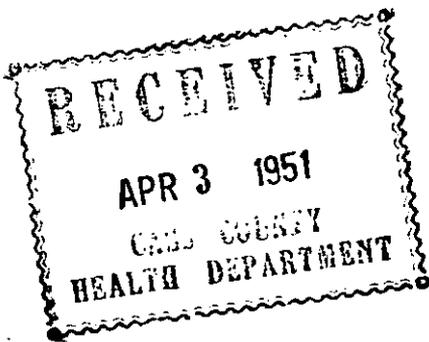
BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4097** Registrar's No. **36**

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Cass	
b. CITY (If outside corporate limits, write BURL and give township) Harrisonville	c. LENGTH OF STAY (In this place) 4 days	c. CITY (If outside corporate limits, write BURL and give township) Rural Grandriver	
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital	d. STREET ADDRESS (If rural, give location) 5 mi S.E. of Harrisonville		
3. NAME OF DECEASED a. (First) Martha Charity b. (Middle) Risner c. (Last) Risner		4. DATE OF DEATH (Month) (Day) (Year) Mar 28 1951	
5. SEX Fe	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug 23 1868
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY ✓	11. BIRTHPLACE (State or foreign country) Bell Co. Kentucky
12a. FATHER'S NAME Alexander Robbins		13b. MOTHER'S MAIDEN NAME Mary Percival	14. NAME OF HUSBAND OR WIFE Henry C. Risner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS T.R. Risner Archie, 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) SHOCK + CARDIAC COLLAPSE ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) FALL AT HOME - FRACTURE L. HIP DUE TO (c) SENILITY II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. HUGE ENLARGED THYROID (GOITER)	
19a. DATE OF OPERATION -		19b. MAJOR FINDINGS OF OPERATION 019	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) SHRIMP WORKER'S ACCIDENT	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Grandriver (Twp) Cass Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3 24 51 6Pm.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? FELL ON FLOOR	
22. I hereby certify that I attended the deceased from 3 24 , 19 51 , to 3 28 , 19 51 , that I last saw the deceased alive on 3 28 , 19 51 , and that death occurred at 8 P m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) David Sheng, M.D.		23b. ADDRESS Harrisonville Mo.	23c. DATE SIGNED 3/28-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar 30-1951	24c. NAME OF CEMETERY OR CREMATORY PLEASANT RIDGE	24d. LOCATION (City, town, or county) (State) Harrisonville, Mo.
DATE REC'D BY LOCAL REG. March 29, 1951	REGISTRAR'S SIGNATURE Laura J. Jones	GENERAL DIRECTOR'S SIGNATURE ADDRESS Harrisonville Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

81910



MAY 29 1951

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

Walter A. Johnson

Licensed Embalmer No.

3920

P. O. Address

Harrisonville

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.

No