S. No. 300
v. 10.48

FILED MAY 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15895

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 52

0191
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harrisonville
c. LENGTH OF STAY (in this place): 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Mo
b. COUNTY: Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Grandriver 0190
d. STREET ADDRESS (If rural, give location): 6 Mi S.E. of Harrisonville

3. NAME OF DECEASED (Type or Print)
a. (First): Henry
b. (Middle): Clay
c. (Last): Risner

4. DATE OF DEATH (Month) (Day) (Year): May 15-1951

5. SEX: M. O
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: July 27-1870
9. AGE (In years last birthday): 80 | IF UNDER 1 YEAR: Months 9 Days 18 | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer. retired
10b. KIND OF BUSINESS OR INDUSTRY: 8 yrs.
11. BIRTHPLACE (State or foreign country): Pineville Kty.
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: Richard Risner
13b. MOTHER'S MAIDEN NAME: Sarah Wilson
14. NAME OF HUSBAND OR WIFE: Martha Robin.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: John Risner | ADDRESS: Harrisonville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): INTERSTITIAL NEPHRITIS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ARTERIAL SCLEROSIS
DUE TO (c): SENILITY

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: 446X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* APR 29, 1951 *to* MAY 15, 1951, *that I last saw the deceased alive on* MAY 15, 1951, *and that death occurred at* 10:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: David S. Long (Degree or title): M.D.
23b. ADDRESS: Harrisonville Mo
23c. DATE SIGNED: 5-15-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 17-51
24c. NAME OF CEMETERY OR CREMATORY: Pleasant Ridge
24d. LOCATION (City, town, or county) (State): Harrisonville Mo

DATE REC'D BY LOCAL REG.: May 16, 1951
REGISTRAR'S SIGNATURE: Laura J. Jones 51
25. FUNERAL DIRECTOR'S SIGNATURE: Anderson Tow | ADDRESS: Harrisonville Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MAY 21 1951
CASS COUNTY
HEALTH DEPARTMENT

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 Hayd Atkinson

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.