

No. 300  
10-48

# STANDARD CERTIFICATE OF DEATH

State File No. **30619**

FILED OCT 1 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3029 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>Missouri</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Crystal City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Crystal City</b>	
c. LENGTH OF STAY (In this place) <b>1 Year</b>		d. STREET ADDRESS (If rural, give location) <b>103 Taylor</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>103 Taylor</b>			

3. NAME OF DECEASED (Type or Print) <b>Elzina Rister</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 20, 1951</b>	
a. (First)	b. (Middle)	c. (Last)	5. SEX <b>F.</b>	6. COLOR OR RACE <b>W</b>
			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug. 16, 1865</b>
			9. AGE (In years, last birthday) <b>86</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>
			11. BIRTHPLACE (State or foreign country) <b>Posey County, Ind.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
			13a. FATHER'S NAME <b>Jackson Moore</b>	13b. MOTHER'S MAIDEN NAME <b>Elizebeth Moore</b>
			14. NAME OF HUSBAND OR WIFE <b>Wm Henry Rister</b>	

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>Bessie McDonald</b>		ADDRESS <b>Sikeston, Mo.</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Profound Hemorrhage - cerebral arteries</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>chronic cholecystitis</b>			<b>years</b>
	DUE TO (c) <b>Fracture right hip</b>			<b>3 months</b>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>0</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>050 902.20</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 12-1, 1950, to 9-19, 1951, that I last saw the deceased alive on 9-19, 1951, and that death occurred at 11:55 P. m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) <b>D. O.</b>	23b. ADDRESS <b>112 Miss. Ave. Crystal City, Mo.</b>	23c. DATE SIGNED <b>9/21/51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept. 22, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	24d. LOCATION (City, town, or county) (State) <b>Sikeston Mo.</b>

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE <i>[Signature]</i>	444	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS <b>Sikeston, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

520

DATE RECEIVED 9-27-51  
HILLSBORO, MISSOURI  
JEFFERSON COUNTY HEALTH DEPT.

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 \_\_\_\_\_

*Not Embalmed*

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed.....

Licensed Embalmer No. *127*

P. O. Address *Festus, 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.