

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20817

State File No. \_\_\_\_\_  
Registrar's No. 280

FILED JUN 17 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 4238

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Buckner</b>		c. LENGTH OF STAY (If in institution) <b>35 yrs</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <b>her own home</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Buckner</b>	
		d. STREET ADDRESS (If rural, give location) <b>Hudson Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Goldia</b> b. (Middle) <b>Bertha</b> c. (Last) <b>Rissler</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 5 1952</b>	
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>Feb. 27, 1893</b>
9. AGE (In years last birthday) <b>59</b>		10. KIND OF BUSINESS OR INDUSTRY <b>hswf</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>home</b>		11. BIRTHPLACE (State or foreign country) <b>Emporia Kansas</b>	
		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>	

13a. FATHER'S NAME <b>Frank Alva Mountjoy</b>		13b. MOTHER'S MAIDEN NAME <b>Corabell Worline</b>		14. NAME OF HUSBAND OR WIFE <b>Mr. Frank Rissler</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. Frank Rissler Buckner Mo.</b>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>  ANTECEDENT CAUSES <b>Atherosclerosis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>Atherosclerosis</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 <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 Apr 10, 1952, to June 5, 1952, that I last saw the deceased alive on June 5, 1952, and that death occurred at 8/30 AM from the causes and on the date stated above.

23a. SIGNATURE <b>John L. Weisler DO</b> (Degree or title)		23b. ADDRESS <b>Buckner Mo.</b>		23c. DATE SIGNED <b>June 6-1952</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 7 '52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Buckner Hill Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Buckner Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>James O. Seal</b>		ADDRESS <b>Buckner Missouri</b>	
DATE REC'D BY LOCAL REG. <b>6-7-52</b>		REGISTRAR'S SIGNATURE <b>James O. Seal</b>		354	

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

JUN 1 3 1930

**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 .....  
Student Embalmer

Signed

Student Embalmer No. \_\_\_\_\_  
Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.