

No. 300  
10-48

# STANDARD CERTIFICATE OF DEATH

13355

State File No. ....

117  
1  
FILED APR 20 1953

REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 439

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (In this place) <u>54 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>2407 St. Joseph Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2407 St. Joseph Ave.</u>		d. STREET ADDRESS (If rural, give location) <u>2407 St. Joseph Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>H.</u> c. (Last) <u>RISSEL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 3, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Apr 22, 1871</u>
9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Motorman</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Pottsgrove, Penn</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13. KIND OF BUSINESS OR INDUSTRY <u>St. Railway Co.</u>	

13a. FATHER'S NAME <u>Thomas Rissel</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Rishler</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs Maude Rissel</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>Unk.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Maude Rissel, St. Joseph, Mo.</u>	ADDRESS
---	--	---	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>		<u>3-30-53</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) <u>Arteriosclerotic Heart Disease</u>		<u>4-3-53</u> <u>unk.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral vascular accident</u>		<u>started 3-5-53</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200</u>	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) (Min.)	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 Feb 28, 1953, to Mar 30, 1953, that I last saw the deceased alive on Apr 3, 1953, and that death occurred at 2:40Am., from the causes and on the date stated above.

23a. SIGNATURE <u>E. Handley, M.D.</u>	23b. ADDRESS <u>311 Phys &amp; Surg Bldg., City</u>	23c. DATE SIGNED <u>4-3-53</u>
---	--	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-6-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>
--	----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>April 13, 1953</u>	REGISTRAR'S SIGNATURE <u>Cather M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>St. Joseph</u>	ADDRESS <u>St. Joseph, Mo.</u>
---	---	---	-----------------------------------

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

JUL 10 1953

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 Charles E Bennett

Licensed Embalmer No. 4627

P. O. Address St. Joseph 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.