

STANDARD CERTIFICATE OF DEATH

Kealkofer
FILED SEP 20 1954

State File No. _____

Registrar's No. 357

BIRTH _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568

1. PLACE OF DEATH a. COUNTY <u>Jackson (Blue)</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Michigan</u> b. COUNTY _____	
b. CITY OR TOWN <u>Independence</u>		c. CITY OR TOWN <u>Battle Creek</u>	
c. LENGTH OF STAY (in this place) _____		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R. #2 Box 933 Indep</u>		STREET ADDRESS (if rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Estelle</u> b. (Middle) <u>H.</u> c. (Last) <u>Rizor</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 5-1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unwed</u>	
8. DATE OF BIRTH <u>June-24-1880</u>		9. AGE (In years last birthday) <u>74</u>		10. IF UNDER 24 Hrs. Hours Min.	
11. BIRTHPLACE (City and State or Foreign Country) <u>Battle Creek Michigan</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>		11. BIRTHPLACE (City and State or Foreign Country) _____	

13a. FATHER'S NAME <u>William Robinson</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Rugg</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas Clifton Rizor</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs David Young</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		17. INFORMANT'S ADDRESS <u>Indep. Mich</u>		18. CAUSE OF DEATH	

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Carcinomatosis</u>		INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES		II. OTHER SIGNIFICANT CONDITIONS	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Conditions contributing to the death but not related to the disease or condition causing death.	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) _____		DUE TO (c) _____	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Rev C. H. ...</u>		23b. ADDRESS <u>4050 Broadway Ave</u>		23c. DATE SIGNED <u>9-5-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9-5-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Battle Creek Mich</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Roland R. Speaks</u>		25. ADDRESS <u>Indep. Mich</u>	
DATE REC'D BY LOCAL REG. <u>9-5-54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		3.34	

No. 300
10.48

7-200
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *Raymond M. Hardy*.....

Licensed Embalmer No. *491*.....

P. O. Address *Indep.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.