

FILED OCT 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. S. NEED
State File No. **33626**

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2009 Registrar's No. 970

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY OREGON	
b. CITY (If outside corporate limits, write RURAL and give township) SPRINGFIELD	c. LENGTH OF STAY (In this place) 1 WEEK	c. CITY OR TOWN THAYER	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION BURGE HOSPITAL		e. STREET ADDRESS (If rural, give location) 0750	

3. NAME OF DECEASED (Type or Print) a. (First) ANTI	b. (Middle) JOSEPHINE	c. (Last) RISNER	4. DATE OF DEATH (Month) (Day) (Year) OCT, 20, 1954
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5. SEX FEMALE	6. COLOR (OR RACE) WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT, 9, 1878	9. AGE (In years) (last birthday) Months Days Hours Min. 76
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and State or Foreign Country) OREGON COUNTY, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME SAMUEL RICKETTS	13b. MOTHER'S MAIDEN NAME JOSIE TURNER	14. NAME OF HUSBAND OR WIFE WILLARD RISNER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS LOUIS BOZMAN	ADDRESS WEST PLAINS, MO
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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		INTERVAL BETWEEN ONSET AND DEATH 5 min
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of hip.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331 X F	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) Slipped home	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) THAYER OREGON Co, MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) Oct 19, 1954 2:00 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Slipped home
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22. I hereby certify that I attended the deceased from **19 Oct 1954**, to **20 Oct 1954**, that I last saw the deceased alive on **20 Oct 1954**, and that death occurred at **11:30 AM** from the causes and on the date stated above.

23a. SIGNATURE William H. [Signature]	(Degree or title)	23b. ADDRESS 103 [Signature] Bldg	23c. DATE SIGNED 22 Oct 54
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 10/20/54	24c. NAME OF CEMETERY OR CREMATORY WEST PLAINS, MO	24d. LOCATION (City, town, or county) (State) WEST PLAINS, MISSOURI
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DATE REC'D BY LOCAL REG. 10-23-54	REGISTRAR'S SIGNATURE Edith Williamson	25. FUNERAL DIRECTOR'S SIGNATURE HERMAN LOHMEYER	ADDRESS SPRINGFIELD, MO
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(Licensed Embalmer's Statement on Reverse Side)

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

NOV 18 1961

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..... *Gene A. Hunter*

Licensed Embalmer No..... *4734*

P. O. Address..... *San Diego, Cal.*

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.