

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **9124**

BIRTH NO.		REG. DIST. NO. <b>280</b>		PRIMARY REG. DIST. NO. <b>6967</b>		Registrar's No. <b>26</b>	
1. PLACE OF DEATH a. COUNTY <b>Platte</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Platte</b> <i>OR 37</i>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rural--Marshall Twp.</b> )		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>Weston</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>4 Mile North Weston</b>				e. STREET ADDRESS (If rural, give location) <b>4 mile North Weston</b>			
3. NAME OF DECEASED a. (First) <b>Jesse</b>			b. (Middle) <b>James</b>		c. (Last) <b>Risk</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 17, 1955</b>
5. SEX <b>male</b> <input checked="" type="checkbox"/>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b> <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>May 10, 1880</b>		9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farm</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Weston, Missouri</b> <input checked="" type="checkbox"/>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>D. K. Risk</b>		13b. MOTHER'S MAIDEN NAME <b>Callie Smith</b>		14. NAME OF HUSBAND OR WIFE <b>Leta K. Schumacher</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 ADDRESS <b>Mrs. J. J. Risk Weston, Mo.</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion (sudden death)</b>					INTERVAL BETWEEN ONSET AND DEATH	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4201</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)		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 <b>7:30 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <i>[Signature]</i> (Degree or title) <b>D.O.</b>				23b. ADDRESS <b>Weston, Mo</b>		23c. DATE SIGNED <b>3-18-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>3-20-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Graceland Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Weston, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>3-19-55</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i> <b>257</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Vaughn Funeral Home Weston, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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 *W. R. Vaughn* .....

Licensed Embalmer No. *402* .....

P. O. Address *Weston,* .....

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.