

FILED FEB 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5392**

BIRTH NO. _____ REG. DIST. NO. **155** PRIMARY REG. DIST. NO. **3127** Registrar's No. **29**

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. LENGTH OF STAY (in this place) 25 Yrs.	c. CITY OR TOWN Webb City
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 311 E. Daugherty St.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Ralph b. (Middle) Lester c. (Last) Misner		4. DATE OF DEATH (Month) (Day) (Year) Feb. 19, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 13, 1902
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employees of Atlas		10b. KIND OF BUSINESS OR INDUSTRY Powder Co.	9. AGE (In years last birthday) 53
11. BIRTHPLACE (City and State or Foreign Country) Prosperity, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Thomas Misner		13b. MOTHER'S MAIDEN NAME Opal Misner	
14. NAME OF HUSBAND OR WIFE Opal Misner		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. 486-05-8437		17. INFORMANT'S SIGNATURE OR NAME Opal Misner ADDRESS 311 E. Daugherty St. Webb City, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion with infarct		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		DUE TO (b) Gen. arteriosclerosis	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Atherosclerosis of coronary	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. Congestive heart failure / edema	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input checked="" 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)	4201
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 Pathologist , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at L.A.M. Feb. 19, 1956 , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) R. L. Ferguson M.D.		23b. ADDRESS Joplin, Mo. 821 Frisco Bldg.	23c. DATE SIGNED 2/24/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-22-56	24c. NAME OF CEMETERY OR CREMATORY Sarcoxie Cemetery	24d. LOCATION (City, town, or county) (State) Sarcoxie, Mo.
DATE REC'D BY LOCAL REG. 2-22-56	REGISTRAR'S SIGNATURE Mrs. Madeline Switzer	25. FUNERAL DIRECTOR'S SIGNATURE Johnston-Arnce-Simpson ADDRESS Webb City, Mo.	

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

RECEIVED FEB 27 1956
Jasper County Health Office
County File Number 56-2-171
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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 Harvey E. Amice

Licensed Embalmer No. 446

P. O. Address West City

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.