

FILED DEC 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37377

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5291 Registrar's No. 108

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

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty</u>		c. LENGTH OF STAY (in this place) <u>6 Wks</u>	c. CITY OR TOWN <u>Lexington</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Loof Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>None</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CARL</u>	b. (Middle) <u>L.</u>	c. (Last) <u>RISTINE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 27-56</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 14, 1887</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Law</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Clay Center, Kans.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13. FATHER'S NAME <u>James R. Ristine</u>	13b. MOTHER'S MAIDEN NAME <u>Augusta Beagle</u>	14. NAME OF HUSBAND OR WIFE <u>Shirley Taylor</u>
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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) <u>Und.</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert Jackson</u>	ADDRESS <u>Lexington, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		19. INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Common duct obstruction</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4500 H</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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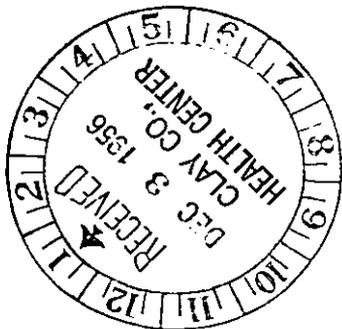
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from Oct 1, 1956, 19____, that I last saw the deceased alive on Nov 26, 1956 and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert Jackson</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Liberty Mo</u>	23c. DATE SIGNED <u>11/27/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 27-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Arlington</u>	24d. LOCATION (City, town, or county), (State) <u>Arlington, Virginia</u>
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DATE REC'D BY LOCAL REG. <u>11-27-56</u>	REGISTRAR'S SIGNATURE <u>Mabel Graham</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Temple Funeral Home</u>	ADDRESS <u>Lexington</u>
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DEC 5 1956

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..... *Harold H. Smith*.....

Licensed Embalmer No.. *457*

P. O. Address... *Liberty*...

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.