

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006662

STATE FILE NUMBER

27

FILED MAR 10 1959

Registration District No. 278

Primary Registration District No. 4413

Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>PIKE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>PIKE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>(FRANKFORD) SPENCER TOWNSHIP</b> Inside Limits <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>FRANKFORD</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <b>SPENCER TOWNSHIP</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>ROSIE</b> Middle <b>LEE</b> Last <b>RISSMILLER</b>			4. DATE OF DEATH Month <b>FEB</b> Day <b>28</b> Year <b>1959</b>		
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JULY 6 1875</b>	9. AGE (In years last birthday) <b>83</b>	10. FUNDER 1 YEAR Months _____ Days _____	11. IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>BARRY ILLINOIS</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>JOHN W. GAY</b>	13b. MOTHER'S MAIDEN NAME <b>ELIZA JANE ANDERSON</b>	14. NAME OF HUSBAND OR WIFE <b>DAVID RISSMILLER</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT <b>FRANCIS RISSMILLER</b> Address <b>FRANKFORD Mo</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Artemia Poisoning</b> <b>Stroke of Heart</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <b>334 1/2</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
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21. I attended the deceased from <b>Mar 1945</b> to <b>Feb 1959</b> and last saw her <sup>her</sup> alive on <b>Feb 27 1959</b> Death occurred at <b>4:00 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <b>E. P. Hansen</b> (Degree or title) <b>D.O. 2</b>	22b. ADDRESS <b>Frankford Mo.</b>	22c. DATE SIGNED <b>2/28/59</b> (State)
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Mar 2 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Salem Cemetery Rural</b>	23d. LOCATION (City, town, or country) <b>EAST of CENTER Mo.</b>
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24. FUNERAL DIRECTOR <b>E. Hanson</b> ADDRESS <b>Frankford Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Mar 4 - 59</b>	26. REGISTRAR'S SIGNATURE <b>Bernice Collier</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Jane Frances Megaw* .....

Licensed Embalmer No. *4093* .....

P. O. Address *Frankford* .....

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.