

FEDERAL BUREAU OF INVESTIGATION  
FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011969

FILED VS MAR 28 1960

Registration District No. 264

Registrar's No. 18

STATE FILE NUMBER

|   |   |   |  |   |   |
|---|---|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>OZARK</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MO.</b> b. COUNTY <b>OZARK</b>   |  |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>BIG CREEK TWBP.</b>   |   | Length of stay in 1b<br><b>5 YEARS</b>  |  | c. CITY OR TOWN<br><b>BIG CREEK TWSP.</b>                               |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>HOME</b>  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  | d. STREET ADDRESS (If outside, give location)<br><b>BIG CREEK TWSP.</b> |   |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>GEORGE NEWTON RISLEY</b>   |   | 4. DATE OF DEATH<br>Month Day Year<br><b>3-18-1960</b>  |  |   |   |
| 5. SEX<br><b>M</b>  | 6. COLOR OR RACE<br><b>W</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>   | 8. DATE OF BIRTH<br><b>5-12-1871</b>   | 9. AGE (last birthday)<br><b>88</b>                                     | IF UNDER 1 YEAR<br>Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>FARMER</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>FARM</b>  |  | 11. BIRTHPLACE (City and state or country)<br><b>OZARK CO. MISSOURI</b> |   |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |   | 13a. FATHER'S NAME<br><b>SILAS RISLEY</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>MELTILDA BIAS</b>                       |   |
| 14. NAME OF HUSBAND OR WIFE<br><b>DELLA RISLEY</b>  |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) [If yes, give war or dates of service]<br><b>NO</b>  |  | 16. SOCIAL SECURITY NO.<br><b>NONE</b>                                  |   |
| 17. INFORMANT<br><b>MRS TRUMAN RISLEY, LUTEE, MO</b>  |   | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Pulmonary Edema</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)<br>DUE TO (b) <b>Congestive Heart failure</b><br>DUE TO (c) <b>Arteriosclerotic Heart Disease</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 day</b><br><b>2-3 wks.</b>     |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  |  |   |   |
| 19. WAS AUTOPSY PERFORMED?<br>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.) |   |   |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year   |   | 20d. INJURY OCCURRED WHILE AT WORK <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                                     |
| 21. I attended the deceased from <b>11/29/59</b> , to <b>3/18/60</b> and last saw her <b>alive</b> on <b>12/8/59</b><br>Death occurred at <b>9<sup>th</sup> AM</b> on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |   |   |
| 22a. SIGNATURE (Degree or title)<br><b>Arthur L. Beard</b>  |   | 22b. ADDRESS<br><b>GAINESVILLE, MO.</b>   |  | 22c. DATE SIGNED<br><b>3/19/60</b>                                      |   |
| 23a. BURIAL, CREMATION, REMOVAL, ETC.<br><b>BURIAL</b>  | 23b. DATE<br><b>3-20-1960</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>HART</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>OZARK COUNTY, MISSOURI</b>               |   |   |
| 24. FUNERAL DIRECTOR<br><b>CLINKINGBEARD, GAINESVILLE, MO</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>3-26-60</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Thane Mahan</b>  |   |   |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*John R. Ware*

Licensed Embalmer No. 4885

P. O. Address Eximville

Note: The above ~~MUST BE~~ **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.