

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018193

FILED VS MAY 23 1960

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 140

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Adair			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Iron			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Length of stay in 1b	c. CITY OR TOWN Annapolis		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION C. N. H. #1			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rural		
3. NAME OF DECEASED (Type or print) First Laura Middle Ellen Last Risher			4. DATE OF DEATH Month May Day 16 , Year 1960			
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11/1/1885	9. AGE (last birthday) 75	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Annapolis Mo	12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME William Goodman		13b. MOTHER'S MAIDEN NAME Nancy Ellen --		14. NAME OF HUSBAND OR WIFE Lew Risher		
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. XXX	17. INFORMANT Address Jack Risher, Kirksville, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Overwhelming Toxemia					INTERVAL BETWEEN ONSET AND DEATH Hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Intestinal Obstruction					days	
DUE TO (c) undetermined etiology						
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)			
20c. TIME OF INJURY Hour a.m. p.m.	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 Sept 1, 1959 to May 16, 1960 and last saw her him alive on May 15, 1950 Death occurred at 5:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE William F. Bergan, M.D. (Degree or title)			22b. ADDRESS Kirksville, Mo.		22c. DATE SIGNED 5/16/60 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5/16/60	23c. NAME OF CEMETERY OR CREMATORY Annapolis Cemetery		23d. LOCATION (City, town, or county) Iron County, Mo.		
24. FUNERAL DIRECTOR Carl H. Kelly ADDRESS Kirksville, Mo.		25. DATE RECD. BY LOCAL REG. 5-16-1960		26. REGISTRAR'S SIGNATURE Doris W. Gatliff		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

WILLIAM F. BERGEN, D.O.

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 Richard P. Ellis

Licensed Embalmer No. 5036

P. O. Address Kirkville, Mo

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.