

FILED JAN 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40489

BIRTH NO.		REG. DIST. NO. 55		PRIMARY REG. DIST. NO. 5200		Registrar's No. 129		
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Carroll</u>				
b. CITY, (if outside corporate limits, write RURAL and give township) OR TOWN <u>Rural "Wakenda Twp"</u>		c. LENGTH OF STAY (in this place) <u>1</u>		c. CITY, (if outside corporate limits, write RURAL and give township) OR TOWN <u>Rural "Wakenda Twp"</u>		d. STREET ADDRESS (If rural, give location) <u>5 mi. S.E. of Carrollton</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 mi. S.E. of Carrollton</u>				d. STREET ADDRESS (If rural, give location) <u>5 mi. S.E. of Carrollton</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARA</u>			b. (Middle) <u>MARY LOUISE</u>		c. (Last) <u>RISKE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 13, 1949</u>	
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec 24, 1856</u>		9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 MIN. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Henry Gasperinig</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Budde</u>		14. NAME OF HUSBAND OR WIFE <u>H. H. Riske</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Henry Riske Carrollton Mo</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>mitral insufficiency</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>old age</u> DUE TO (c) <u>hard work</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH: <u>few yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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)				
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 <u>fall</u>				
22. I hereby certify that I attended the deceased from <u>Nov 20, 1949</u> , to <u>Dec 13, 1949</u> , that I last saw the deceased <u>alive on Dec 12, 1949</u> , and that death occurred at <u>5 pm</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Name or title) <u>H. H. Riske</u>				23b. ADDRESS <u>Carrollton Mo</u>		23c. DATE SIGNED <u>Dec 15, 1949</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 16, 1949</u>		24c. NAME OF CEMETERY, OR CREMATORY <u>Oak Hill Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo</u>		
DATE REC'D BY LOCAL REG. <u>12/16/49</u>		REGISTRAR'S SIGNATURE <u>Ms Verber</u>		45 FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Gibson</u>		ADDRESS <u>Carrollton Mo</u>		

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

17  
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RECEIVED

District Health Officer No. \_\_\_\_\_

District File Number \_\_\_\_\_

Date Filed 1-12-50

**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.

Signed William R Koch

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4751

P. O. Address Carrollton, 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 this body is not embalmed, fact should be so stated above.