

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19720**

FILED JUL 6 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <b>CRay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Excelsior Springs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lexington</b>	
c. LENGTH OF STAY (in this place) <b>1 day</b>		d. STREET ADDRESS (If rural, give location) <b>Street not listed</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Excelsior Spring Hosp.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Katie</b> b. (Middle) <b>Emily</b> c. (Last) <b>Wrisinger</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 17, 1950</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>June 12, 1906</b>		9. AGE (In years last birthday) <b>43</b>		IF UNDER 1 YEAR Days <b>11</b> YEAR <b>5</b> IF UNDER 2 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housekeeping</b>		11. BIRTHPLACE (State or foreign country) <b>Ray County, Missouri</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>J.G. Holloway</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Jane Martin</b>		14. NAME OF HUSBAND OR WIFE <b>Willie Wrisinger</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) <b>None</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Willie Wrisinger, Lexington, Missouri</b>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Dilatation of Heart</b> ANTECEDENT CAUSES <b>Carcinoma of Heart</b> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <b>174X</b>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 5/16, 1950 to 5/17, 1950 that I last saw the deceased alive on 5/15, 1950 and that death occurred at 9:20 P.M. from the causes and on the date stated above.

23a. SIGNATURE <b>C. E. Gay M.D.</b> (Degree or title)		23b. ADDRESS <b>Richmond, Mo</b>		23c. DATE SIGNED <b>5/18/50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 20, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Hickory Grove</b>	
				24d. LOCATION (City, town, or county) (State) <b>Ray County, Missouri</b>	

DATE REC'D BY LOCAL REG. <b>5/18/50</b>		REGISTRAR'S SIGNATURE <b>Caroline Hatcher</b>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Quest-Life Funeral Home Richmond, Missouri</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

JUN 6

District Health Officer No. 8,

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

Date Filed 6-29-50

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**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 .....  
Student Embalmer

Signed *Joseph H. Hib*

Licensed Embalmer No. 4066

P. O. Address *Richmond, Mass*

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.