

FILED NOV 16 1950

STANDARD CERTIFICATE OF DEATH

State File No. 36442

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

BIRTH NO. _____		REG. DIST. NO. <u>67</u>		PRIMARY REG. DIST. NO. <u>0265</u>		Registrar's No. <u>27</u>	
1. PLACE OF DEATH a. COUNTY <u>Christian</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Christian</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.R Oldfield Township</u>		c. LENGTH OF STAY (in this place) <u>50 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural. Oldfield Township</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sparta.R.R Mo</u>				d. STREET ADDRESS (If rural, give location) <u>Sparta. R.R. Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lecia</u>			b. (Middle) _____			c. (Last) <u>Risley</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 27. 1950</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Feb. 5. 1878</u>		9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Sparta. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Jerome Osburn</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Stubbs</u>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Marshal Hogue Sparta 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.		<p style="text-align: center;">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> <u>Hypostatic pneumonia</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Atherosclerosis</u> 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 <u>4500</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? _____			
22. I hereby certify that I attended the deceased from <u>Oct 1, 1950</u> , to <u>Oct 27, 1950</u> , that I last saw the deceased alive on <u>Oct 26, 1950</u> , and that death occurred at _____ m. from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Warren P. Wilson</u>				23b. ADDRESS <u>Sparta, Mo.</u>		23c. DATE SIGNED <u>Oct 27-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 29, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Monger Cemetery.</u>		24d. LOCATION (City, town, or county) (State) <u>Sparta. Christian. Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov 1-50</u>		REGISTRAR'S SIGNATURE <u>Lillie Barr</u>		58		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>F. B. Chaffin Park Hill</u>	

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED NOV 3 1950

Dist. File 1150-2226

Date Filed 11-14-50

NOV 17 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____
Student Embalmer

Signed T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.