

No. 300  
10-48

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

FILED NOV 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37589

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>3084</u>		Registrar's No. <u>87</u>	
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Higginsville Mo</u>		c. LENGTH OF STAY (in this place) <u>8</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Higginsville Mo</u>		d. STREET ADDRESS (If rural, give location) <u>1609 Lepper</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u> b. (Middle) <u>George</u> c. (Last) <u>Rist</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-18-1950</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Apr 9-1908</u>	
9. AGE (In years last birthday) <u>42</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Service Man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gas Service</u>		11. BIRTHPLACE (State or foreign country) <u>Alma Mo.</u>	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Fredrick Rist</u>		13b. MOTHER'S MAIDEN NAME <u>Rosa Hansch</u>	
14. NAME OF HUSBAND OR WIFE <u>Marquette Lonlin</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>494-16-3232</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Marquerite Rist Higginsville</u>	
17. ADDRESS <u>Higginsville</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suicide by drowning</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>This man had been treated</u> DUE TO (c) <u>On two occasions in a mental hospital</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>_____</u>		19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Drowning</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Railroad</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Higginsville Lafayette MO</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11-18-50 m.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Drowning</u>					
22. I hereby certify that I attended the deceased from <u>10-18-50</u> to <u>11-18-50</u> , that I last saw the deceased alive on <u>11-18-50</u> , and that death occurred at <u>10:4 m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. Martin W. Cronin</u> (Degree or title)				23b. ADDRESS <u>Odessa Mo</u>		23c. DATE SIGNED <u>11-18-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>(1)</u>		24b. DATE <u>Nov. 20-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Alma Lutheran Cemetery Alma Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Alma Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-23-50</u>		REGISTRAR'S SIGNATURE <u>Rayton W. [Signature]</u>		DEPARTMENTAL DIRECTOR'S SIGNATURE <u>James B. [Signature]</u>		ADDRESS <u>St. Louis Higginsville MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

**RECEIVED**

11/27/50

DISTRICT HEALTH OFFICE No. 3

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

Date Filed 11/27/50

**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 \_\_\_\_\_  
Student Embalmer

Signed Forrest S. Hooper

Licensed Embalmer No. 4758

P. O. Address Higginsville, 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.