

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED OCT 19 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 382

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived; If institution, residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <b>Independence</b> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence</b>	
c. LENGTH OF STAY (In this place) <b>2 wks</b>		d. STREET ADDRESS (If rural, give location) <b>720 E. Alton</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Indep. San &amp; Hosp.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>CHARLES</b>	b. (Middle) <b>SOLOMON</b>	c. (Last) <b>RISINGER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 13, 1951</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 7, 1875</b>	9. AGE (In years past birthday) <b>76</b>	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) <b>Retired Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Gum Grove, Kentucky</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>William Risinger</b>	13b. MOTHER'S MAIDEN NAME <b>Sally Johns</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs Maude Risinger</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, No war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Maude Risinger</b>	ADDRESS <b>Indep, Mo.</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		INTERVAL BETWEEN ONSET AND DEATH <b>2 wks</b> <b>2 1/2 yrs</b> <b>2 1/2 yrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>arteriosclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>331X</b>	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)
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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?
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22. I hereby certify that I attended the deceased from April 15, 1949, to 13 Oct, 1951, that I last saw the deceased alive on 13 Oct, 1951, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>H. Saunders MD</b> (Degree or title)	23b. ADDRESS <b>Independence</b>	23c. DATE SIGNED <b>10-15-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct. 16, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn</b>	24d. LOCATION (City, town, or county) (State) <b>Indep. Mo</b>
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DATE REC'D BY LOCAL REG. <b>Oct. 15-51</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	354	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>Indep, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

485

OCT 16 RECD

OCT 30 1920

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 me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Henry D. Mitchell

licensed Embalmer No. 3929

P. O. Address Andep. 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.