

STANDARD CERTIFICATE OF DEATH

FILED FEB 23
BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4256 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>JOHNSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JOHNSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HOLDEN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HOLDEN</u>	
c. LENGTH OF STAY (in this place) <u>7 MO</u>		d. STREET ADDRESS (If rural, give location) <u>50 MARKET ST</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SO MARKET ST</u>			

3. NAME OF DECEASED (Type or Print) <u>DANIEL WOLFE RISSEL</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 19 1953</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 3 1876</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>16</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>COMMON</u>	11. BIRTHPLACE (State or foreign country) <u>MILTON PENNSYLVANIA</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>MARTIN L RISSEL</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>LOLA FRANCES RISSEL</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	(If yes, give war or dates of service) <u>XXXX</u>	16. SOCIAL SECURITY NO. <u>499-07-9041</u>	17. INFORMANT'S SIGNATURE OR NAME <u>LOLA RISSEL</u>	ADDRESS <u>HOLDEN MO</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u>		
	DUE TO (c) <u>Chronic Myocarditis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>			

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)
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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?
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22. I hereby certify that I attended the deceased from 2-19, 1953, to 2-19, 1953, that I last saw the deceased alive on 2-19, 1953, and that death occurred at 6:20pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Kelly Rawlins M.D.</u>	(Degree or title)	23b. ADDRESS <u>Holden Mo</u>	23c. DATE SIGNED <u>2/21/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-23-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CLINTON CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>CLINTON MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>2-21-1953</u>	REGISTRAR'S SIGNATURE <u>Mrs. James Redford</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Canadian & Stapp</u>	ADDRESS <u>Holden Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
FEB 24 1953
REGISTER

JOHNSON COUNTY HEALTH DEPT.

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 M. J. Conaday

Licensed Embalmer No. 3434

P. O. Address Holden, 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.