

FILED JUL 28 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25118**  
**3467**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this case) <u>128</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		OR TOWN <u>3424</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1406 E 28TH</u>				d. STREET ADDRESS (If rural, give location) <u>1406 E. 28TH</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leona</u>		b. (Middle) <u>n.</u>		c. (Last) <u>Risk</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>07-10-53</u>	
5. SEX <u>1</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed-2</u>	8. DATE OF BIRTH <u>4-9-1878</u>		9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (State or foreign country) <u>PLATTE CITY, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>JAMES SYNNAMON</u>		13b. MOTHER'S MAIDEN NAME <u>L</u>		14. NAME OF HUSBAND OR WIFE <u>Benjamin Risk</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>MRS NORMAN RIGG 1406 E 28TH</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Infection upper respiratory</u> 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>8 days</u>  <u>5 days</u>  <u>475X</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>no</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>July 6, 1953, July 10, 1953</u> that I last saw the deceased alive on <u>July 10, 1953</u> , and that death occurred at <u>5 A. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>M. B. Casbolt</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>4000 Baltimore Ave</u>		23c. DATE SIGNED <u>7/10/53</u>	
24a. PORTAL CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-13-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GRACELAND CEM</u>		24d. LOCATION (City, town, or county) (State) <u>WESTON, MO.</u>		
DATE REC'D BY LOCAL REG. <u>7-11-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>VAUGHN FUNERAL HOME WESTON, MO.</u>			

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

Dr. Casbolt  
Rich

Sheil Funeral  
Indep. Mo.

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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.....

working under my personal supervision.

Student Embalmer No.....

Signed W. R. Vaughn

Signed.....  
Student Embalmer

Licensed Embalmer No. 4023

P. O. Address. Weston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.