

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **8431**

FILED APR 5 1954

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY HOWELL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY HOWELL	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEST PLAINS,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEST PLAINS,	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION CHRISTA HOGAN		d. STREET ADDRESS (If rural, give location) 901 WASHINGTON AVE.	

3. NAME OF DECEASED (Type or Print) HENRY COLUMBUS RISNER			4. DATE OF DEATH (Month) (Day) (Year) 3-12-54		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 9-10-1877		9. AGE (In years last birthday) 76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (State or foreign country) PERRY CO., TENN.			12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME A. J. RISNER		13b. MOTHER'S MAIDEN NAME X		14. NAME OF HUSBAND OR WIFE X CECIL A. RISNER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME MRS. H. C. RISNER, WEST PLAINS, MO	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS		DUE TO (b) Chronic Myocarditis			20 m.
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Generalized Arteriosclerosis			1 yr.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					5 yr.

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201			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) (Min.)		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 9-1, 1953, to 3-12, 1954, that I last saw the deceased alive on 3-12, 1954, and that death occurred at 9:40 Am., from the causes and on the date stated above.

23a. SIGNATURE [Signature]		23b. ADDRESS WEST PLAINS, MO.		23c. DATE SIGNED 3/20/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) B		24b. DATE 3-16-54		24c. NAME OF CEMETERY OR CREMATORY OAK LAWN	
24d. LOCATION (City, town, or county) (State) WEST PLAINS, MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ROBERTSONS, WEST PLAINS, MO			
DATE REC'D BY LOCAL REG. 3-31-54		REGISTRAR'S SIGNATURE Beatrice Cook			

(Licensed Embalmer's Statement on Reverse Side)

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

APR 12 1955

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

J. Roberts

Licensed Embalmer No. *3473*

P. O. Address *West Plains*

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.