

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30960

State File No. 30960

FILED OCT 4 1954

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 375

1. PLACE OF DEATH
a. COUNTY Jackson
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give town) Independence c. LENGTH OF STAY (In this place) OMO
c. CITY OR TOWN Indep, Mo. d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Indep. San. & Hosp. Indep, Mo
e. STREET ADDRESS (If rural, give location) 727 N. Osage St. 1009

3. NAME OF DECEASED a. (First) MRS. AMANDA b. (Middle) ELIZA c. (Last) RISKE
4. DATE OF DEATH (Month) (Day) (Year) Sept, 18, 1954

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH July 31, 1889
9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home 10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Wellington, Mo. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Fred Brune 13b. MOTHER'S MAIDEN NAME Lutkemeyer 14. NAME OF HUSBAND OR WIFE Emil Riske Dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Harold A. Barnes Indep, Mo.

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction 24 5/8
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Multiple Sclerosis 29 yr
DUE TO (c) 345 X
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 9/18/54 Pan adhesions completely obstructed ileum 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 17, 1954, to 9-18, 1954, that I last saw the deceased alive on 9-18, 1954, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 23b. ADDRESS 12904 Lexington 23c. DATE SIGNED 9/20/54

24a. (BURIAL, CREMATION, REMOVAL) (Specify) Burial 24b. DATE Sept. 20, 1954 24c. NAME OF CEMETERY OR CREMATORY Woodlawn 24d. LOCATION (City, town, or county) Indep, Mo.

DATE REC'D BY LOCAL REG. 9-20-54 REGISTRAR'S SIGNATURE 351 FUNERAL DIRECTOR'S SIGNATURE ATTY Mitchell ADDRESS Indep, Mo.

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

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.....
Signature of Student Embalmer

Signed Jason T White.....

Licensed Embalmer No. 4925

P. O. Address: Independence.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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