

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40848**

FILED DEC 30 1955

5081

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 199 PRIMARY REG. DIST. NO. 1002 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>Henry</u>	
b. CITY OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>Clinton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>3 mos.</u>		e. STREET ADDRESS (If rural, give location) <u>217 N. 8th Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5500 Olive</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTIN</u> b. (Middle) <u>Luther</u> c. (Last) <u>Rissel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-21-55</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, 2 WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Oct 28-1897</u>		9. AGE (In years last birthday) <u>78</u> Months _____ Days _____ If UNDER 1 YEAR: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired RR Conductor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>frisco RR</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Potts Grove Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Luther Martin Rissel</u>		13b. MOTHER'S MAIDEN NAME <u>Mathilda wolke</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie Maude Rissel</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <u>496-24-0460</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clifford Harris 5500 Olive K.C. Mo.</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, asthma, 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>5 months</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Arterio Sclerotic Heart Disease Class III with</u>		<u>1 year</u>	
		DUE TO (c) <u>Asphyx</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4200</u>	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, tavern, 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 <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 Oct 24, 1953, to Nov 21, 1955, that I last saw the deceased alive on Nov 21, 1955, and that death occurred at 1:17 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George W. Griffith M.D.</u>		23b. ADDRESS <u>133 Quail Ridge, 733 Grandview Kansas</u>		23c. DATE SIGNED <u>Nov 21/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11/22/55</u>		24c. NAME OF CEMETERY OR CREMATORY _____	
24d. LOCATION (City, town, or county) (State) <u>Clinton Missouri</u>					

DATE REC'D BY LOCAL REG. <u>11-22-55</u>		REGISTRAR'S SIGNATURE <u>new minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Consalus Mortuary Clinton Missouri</u>	
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(Licensed Embalmer's Statement on Reverse Side) via Silmon's K.C. Mo.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
George W. Griffith

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *John R. Sidman*  
Licensed Embalmer No. *45*  
P. O. Address *Kansas*

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.