

FILED JAN 15 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

47071
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 249

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY Vernon			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Nevada		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada Hospital		Length of stay in 1b 63	d. STREET ADDRESS (If outside, give location) 256 N. Elm		Reside on Farm Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Roy Middle Martin Last Rizor			4. DATE OF DEATH Month December Day 20 Year 1957		
5. SEX M	6. COLOR OR RACE Wh	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH September 15 1884	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Marion Ohio		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME A. J. Rizor		13b. MOTHER'S MAIDEN NAME Mary Jane Lane		14. NAME OF HUSBAND OR WIFE Phoebe Jane Rizor	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. #92-20-5327	17. INFORMANT Address Nevada, Mo. Mrs. Jane Rizor 256 N. Elm		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Diabetes Mellitus					INTERVAL BETWEEN ONSET AND DEATH Don't know
Conditions, if any, which gave rise to above cause (c), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 260X					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Myocarditis + cholecystitis					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE none		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) none			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ p.m. none					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g.; in or about home, farm, factory, street, office bldg., etc.) none		20f. CITY, TOWN, OR LOCATION COUNTY STATE Nevada - Vernon - Mo	
21. I attended the deceased from about 1957 to 12/20/57 and last saw him alive on 12/20/57 . Death occurred at 1 PM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W. R. P. M. D. (Legal name or title)			22b. ADDRESS Nevada, Mo		22c. DATE SIGNED 12-28-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1957	23c. NAME OF CEMETERY OR CREMATORY Newton Burial Park		23d. LOCATION (City, town, or county) (State) Nevada Missouri
24. FUNERAL DIRECTOR Ferry Funeral Home Nevada, Mo.		25. DATE RECD. BY LOCAL REG. 1-9-1958		26. REGISTRAR'S SIGNATURE Anna J. Ferry	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

+ 51

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 *L. Douglas Perry*

Licensed Embalmer No. *7960*

P. O. Address *Nevada, N.*

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.