

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018286

STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. Registrar's No. 871

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN DOVE Inside Limits Yes No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cedar Grove Nursing Home - 248 Length of stay in 1b 066 d. STREET ADDRESS (If outside, give location) 2 mi - W. ELDON Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Celia - Pauline - Riskey 4. DATE OF DEATH Month Day Year MAY - 26 1959

5. SEX Female 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH 6 MARCH - 1875 9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House - wife 10b. KIND OF BUSINESS OR INDUSTRY At - Home 11. BIRTHPLACE (City and state or country) ALTON - ILL. 12. CITIZEN OF WHAT COUNTRY? U. S. A

13a. FATHER'S NAME HENRY - O - HAUSMAN 13b. MOTHER'S MAIDEN NAME PAULINE - ZAHLER. 14. NAME OF HUSBAND OR WIFE Donald - Riskey

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. NONE 17. INFORMANT Address Josephine - HAUSMAN - St - Louis MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pneumonia, Peritonal INTERVAL BETWEEN ONSET AND DEATH 2 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 490X
DUE TO (c) 490X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis - Senile 19. WAS AUTOPSY PERFORMED? YES NO

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 a.m. p.m. Month, Day, Year NONE

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE 20f. CITY, TOWN, OR LOCATION NONE COUNTY STATE

21. I attended the deceased from 12/31/59 to 5/26/59 and last saw her alive on 5/26/59
Death occurred at 4:10 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) George Z. Fisher M.D. 22b. ADDRESS LEBANON - MO - 22c. DATE SIGNED 27 MAY - 59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 28 MAY - 59 23c. NAME OF CEMETERY OR CREMATORY ELDON - Cemetery 23d. LOCATION (City, town, or county) ELDON - MO

24. FUNERAL DIRECTOR ADDRESS Keith M. Kays, ELDON - MO 25. DATE RECD. BY LOCAL REG. 5-27-1959 26. REGISTRAR'S SIGNATURE Hella L. May

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Date Filled JUN 2 1959

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 *Keith M. Kays*

Licensed Embalmer No. *3998*

P. O. Address *Eldon MI*

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.