URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-006517

FILED VS MAR 11 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 920 STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b: 45 Yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ~~1026 Washington~~ Long Home — Inside Limits Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1026 Washington — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ELLEN Middle Last RISBAN

4. DATE OF DEATH: Month February Day 12 Year 1960

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married XX Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9/14/1871
9. AGE (last birthday): 88
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Housekeeper
11. BIRTHPLACE (City and state or country): Maryville Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Sylvester Risban
13b. MOTHER'S MAIDEN NAME: Unk
14. NAME OF HUSBAND OR WIFE: None

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: Sister Wilma Address: 806 Cherry Kansas City Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	INANITION	2 YRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	HYPERTENSIVE CARDIOVASCULAR DISEASE	10 YRS
DUE TO (c)	GENERALIZED ARTERIOSCLEROSIS	10 YRS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): DIVERTICULITIS, RECTO VAGINAL FISTULA

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from MAY 20, 1959 to FEB 12, 1960 and last saw her alive on JAN 7, 1960
Death occurred at 11:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James W. Fowler (Degree or title) MD
22b. ADDRESS 1103 GRAND AVE KANSAS CITY 6, MO.
22c. DATE SIGNED FEB 13, 1960

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Feb 15 1960
23c. NAME OF CEMETERY OR CREMATORY St Patrick's Cemetery
23d. LOCATION (City, town, or county) (State) Maryville Missouri

24. FUNERAL DIRECTOR Sheil Funeral Home ADDRESS Kansas City Mo
25. DATE RECD. BY LOCAL REG. 2-15-60
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF James W. Fowler MEDICAL CERTIFICATION DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Harold P. Ric

Signature of Student Embalmer

Licensed Embalmer No. 4998

P. O. Address Kansas C

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con 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.