

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-041378

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 360 Primary Registration District No. 4529 Registrar's No. 177

STATE FILE NUMBER

FILED OCT 16 1962

VS 300
Rev. 4/59

1 1090

2 1080

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12 98-8

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
a. COUNTY Vernon		b. CITY (If outside corporate limits, give TOWNSHIP only) Metz		a. STATE Missouri		b. COUNTY Vernon		
c. FULL NAME OF (If NOT in hospital, give location) At home		Length of stay in lb Lifetime		c. CITY OR TOWN Metz		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. STREET ADDRESS General Delivery		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH				
First CLARENCE		Middle ARTHUR		Last RISTON		Month Day Year October 2 1962		
5. SEX M	6. COLOR OR RACE Wh	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-12-1891	9. AGE (last birthday) 71	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 Retired		11. BIRTHPLACE (City and state or country) Rinehart, Missouri		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME W. A. Riston			13b. MOTHER'S MAIDEN NAME Margaret Alice Charles			14. NAME OF HUSBAND OR WIFE Metz, Missouri		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. None		17. INFORMANT John Riston		Address Metz, Missouri		
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) Apparent natural causes						unknown		
DUE TO (b) advanced age								
DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) last seen 10-2-1962 found 10-5-1962						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION		COUNTY	STATE		
21. Attended the deceased from never to never and never saw him alive on 10-2-1962				Death occurred at 9:00 p. on the date stated above, and to the best of my knowledge, from the causes stated.				
22. SIGNATURE <i>Anna & Jerry</i> (Degree or title)				22b. ADDRESS local registrar Nevada, Missouri		22c. DATE SIGNED 10-9-1962		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE October 7 1962		23c. NAME OF CEMETERY OR CREMATORY Pryor Creek Cemetery		23d. LOCATION (City, town, or county) (State) Vernon County Missouri		
24. FUNERAL DIRECTOR Ferry Funeral Home			ADDRESS Nevada, Missouri		25. DATE RECD. BY LOCAL REG. 10-11-1962		26. REGISTRAR'S SIGNATURE <i>Anna & Jerry</i>	

USE BLACK INK OR TYPEWRITER RIBBON

OCT 18 1962

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. Hughes Long

Licensed Embalmer No. 4960

P. O. Address Keokuk, Missouri

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.