

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1968-3

FILED JAN 25 1949

BIRTH NO. _____		REG. DIST. NO. 236		PRIMARY REG. DIST. NO. 4352		Registrar's No. 3	
1. PLACE OF DEATH a. COUNTY Morgan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Morgan 71			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Versailles			c. LENGTH OF STAY (In this place) 20 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Versailles			10
d. FULL NAME OF HOSPITAL OR INSTITUTION None				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) Frank Lord REICH			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Jan. 21st 1949	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 7	8. DATE OF BIRTH Jan 7th, 1880		9. AGE (In years last birthday) 69	10. UNDER 1 YEAR 0	11. UNDER 2 HRS. 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Fire Extinguish	11. BIRTHPLACE (State or foreign country) Eureka, Kansas 1		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Chas. W. Reich		13b. MOTHER'S MAIDEN NAME Mary L. Dickison	14. NAME OF HUSBAND OR WIFE Laura Ratcliff				
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. X X	17. INFORMANT'S SIGNATURE OR NAME Mrs F. L. Reich (Wife) Versailles				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 231					INTERVAL BETWEEN ONSET AND DEATH 4 mo. Unknown
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, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Dec 5, 1948, to Jan 21, 1949, that I last saw the deceased alive on Jan 20, 1949, and that death occurred at 2 A. M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. L. Washburn M.D.				23b. ADDRESS Versailles, Missouri		23c. DATE SIGNED Jan 21-1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 21, 1949	24c. NAME OF CEMETERY OR CREMATORY Versailles City Cemetery		24d. LOCATION (City, town, or county) Versailles, Mo.		(State)	
DATE REC'D BY LOCAL REG. Jan 21-1949	REGISTRAR'S SIGNATURE J. L. Washburn 214			25. FUNERAL DIRECTOR'S SIGNATURE W. F. ...		ADDRESS Versailles, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 12-48-162

Date Filed 1-24-49

FEB 14 1949

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
Student Embalmer

Signed Gene N. Portman

Licensed Embalmer No. 4021

P. O. Address VERSAILLES, MO

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 this body is not embalmed, fact should be so stated above.