No. 300
10.48

36
06
06

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

FILED DEC 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36841

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5426 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY: FRANKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GREY SUMMIT
c. LENGTH OF STAY (in this place): 82
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HIGHWAY #50 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: FRANKLIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GREY SUMMIT
d. STREET ADDRESS (If rural, give location): HIGHWAY -50

36
30

3. NAME OF DECEASED (Type or Print)
a. (First): EMILY
b. (Middle): —
c. (Last): RIES

4. DATE OF DEATH (Month) (Day) (Year): NOV-29-1949

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: JAN. 31-1867
9. AGE (In years last birthday): 82 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WORK
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): GREY SUMMIT, MO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: HENRY RIES
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: —

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'S SIGNATURE OR NAME / **ADDRESS**: LEONA RIES - GREY SUMMIT, MO

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): INTESTINAL OBSTRUCTION — INTERVAL BETWEEN ONSET AND DEATH: 3 WKS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): UNKNOWN
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

5705

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/6, 1949, *to* 11/28, 1949, *that I last saw the deceased alive on* 11/28, 1949, *and that death occurred at* 8:10A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MDC
23b. ADDRESS: PACIFIC, MO
23c. DATE SIGNED: 11/29/49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12-2-49
24c. NAME OF CEMETERY OR CREMATORY: CITY CEMETERY
24d. LOCATION (City, town, or county) (State): PACIFIC, MO

DATE REC'D BY LOCAL REG.: NOV 30 1949
REGISTRAR'S SIGNATURE: Mary B. Grace
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: SCARRDER FUN'L HOME, BALLWIN, MO.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 7 1949
District Health Officer No. 9,
District File Number----------

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 Theo. Schroder

Licensed Embalmer No. 3066

P. O. Address Bucklin, 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.