

FILED AUG 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21912**

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

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>213</u>		
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. LENGTH OF STAY (in this place) <u>11 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		<u>0013</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin</u>				d. STREET ADDRESS (If rural, give location) <u>514 N. Florence.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>			b. (Middle) <u>E.</u>		c. (Last) <u>Rieger</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 30 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 20, 1870</u>		9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lawyer Rtd.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lawyer, Rtd.</u>		11. BIRTHPLACE (State or foreign country) <u>Peoria, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Godfried Rieger</u>			13b. MOTHER'S MAIDEN NAME <u>Rose Kate Bruening</u>		14. NAME OF HUSBAND OR WIFE <u>Alma Wray</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes W.W. I</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Alma Rieger, Kirksville, Mo.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH		
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>					<u>unknown</u>		
	* ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Interstitial nephritis</u>					<u>"</u>		
	DUE TO (c) <u>Intertrochanteric fracture left femur</u>					<u>592XF</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Intertrochanteric fracture left femur</u>					<u>11 days</u>		
19a. DATE OF OPERATION <u>7-21-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Stabilization of intertrochanteric fracture femur</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kirksville Adair Mo.</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7 19 51 A.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell after arising from bed.</u>				
22. I hereby certify that I attended the deceased from <u>7-19-51</u> , 19 <u>51</u> , to <u>7-30-51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>July 30, 19 51</u> and that death occurred at <u>3:30 P.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Paul Haugler</u>				23b. ADDRESS <u>Kirksville, Missouri</u>		23c. DATE SIGNED <u>8-1-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/2/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland Park</u>		24d. LOCATION (City, town, or county) (State) <u>Kirksville, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>8-1-51</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul M. Utley, Kirksville, Mo.</u>				

SEP 25 1951

AUG 20 1951

Date Received: **AUG 7 1951**
DISTRICT HEALTH OFFICE #2
District File Number *8-51-1422*
Date Filed: **AUG 7 1951**

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 *John B. Cooper*

Licensed Embalmer No. *4119*

P. O. Address *Kirkville, 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.