

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26211

State File No. _____

FILED SEP 10 1951

Registrar's No. 898

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 898	
1. PLACE OF DEATH a. COUNTY Buchanan <i>0117</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 7 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph <i>0117</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address and location) 723 Duncan Nursing Home 723 South 11th Street				d. STREET ADDRESS (If rural, give location) 723 South 11th Street <i>0</i>			
3. NAME OF DECEASED (Type or Print) a. (First) SAMUEL		b. (Middle) REICHEN		c. (Last) REICHEN		4. DATE OF DEATH (Month) (Day) (Year) August 29 1951	
5. SEX Male <i>0</i>		6. COLOR OR RACE White		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married <i>0</i>		8. DATE OF BIRTH Feb. 6, 1876	
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Harness Maker		10b. KIND OF BUSINESS OR INDUSTRY Harness Shop		11. BIRTHPLACE (State or foreign country) Bern, Switzerland <i>5</i>		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Reichen		13b. MOTHER'S MAIDEN NAME Susan Mosser		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 479-09-0857		17. INFORMANT'S SIGNATURE OR NAME Miss Elizabeth Ueligger Topoka, Kans			
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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage MEDICAL CERTIFICATION ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Hypertensive Cerebral Vascular Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 24 hours Unknown Unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X				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 10-26, 1951, to 8-29, 1951, that I last saw the deceased alive on 8-28, 1951, and that death occurred at 8:20 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Phillip Plauson</i>		23b. ADDRESS Corby Building St. Joseph, Missouri		23c. DATE SIGNED 8-30-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 31, 1951		24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
DATE REC'D BY LOCAL REG. Sept. 4, 1951		REGISTRAR'S SIGNATURE <i>Carl C. Cash</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stamey Funeral Home, St. Joseph, Mo.			

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

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.

Signed

Shirley Howard

Signed

Student Embalmer

Licensed Embalmer No. *2640*

P. O. Address *St. Joseph, 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.