

FILED OCT 17 1951

STANDARD CERTIFICATE OF DEATH

State File No. 34666

BIRTH NO. _____		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>4433</u>		Registrar's No. <u>62</u>	
1. PLACE OF DEATH a. COUNTY <u>Putnam</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Unionville</u>		c. LENGTH OF STAY (in this place) <u>city</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Unionville</u>		d. STREET ADDRESS (If rural, give location) <u>city</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Peter</u> b. (Middle) <u>--</u> c. (Last) <u>Reisgaard</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 10 1951</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>Jan. 1, 1872</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>9</u>	IF UNDER 24 HRS. Hours <u>9</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Schleswig-Holstein, Denmark</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Dora E. Reisgaard</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Don Reisgaard Unionville Mo.</u>			
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) <u>Sense debility</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Chronic respiratory</u> DUE TO (c) <u>patient had been bedfast for 3 years</u> II. OTHER SIGNIFICANT CONDITIONS <u>became ill & had been ill for 3 years</u> <u>more emaciated</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u> <u>6 1/2</u>	
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)		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 <u>June 9, 1946</u> , to <u>Oct 10, 1951</u> , that I last saw the deceased alive on <u>Oct 10, 1951</u> , and that death occurred at <u>3 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Thas L. Judd No 2</u>				23b. ADDRESS <u>Unionville, Mo.</u>		23c. DATE SIGNED <u>10/11/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		24b. DATE <u>Oct. 12, 51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Unionville, Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Unionville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-13-51</u>		REGISTRAR'S SIGNATURE <u>Marvella Darbon</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hurst & Son</u>		ADDRESS <u>Unionville, Mo.</u>	

0860
1

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

Date Received: OCT 15 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-51-1839
Date Filed: OCT 15 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

F. O. Huston

Signed.....
Student Embalmer

Licensed Embalmer No. 2975

P. O. Address Unionville, N.C.

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.