

FILED AUG 4 1952

STANDARD CERTIFICATE OF DEATH

State File No. 24644
 3162

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Pawnee				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (to this place) 3 months		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ROZEL		8150		
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL				d. STREET ADDRESS (If rural, give location) X				
3. NAME OF DECEASED (Type or Print) a. (First) Blanche			b. (Middle)		c. (Last) Riederer	4. DATE OF DEATH (Month) (Day) (Year) 7-11-52		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 27, 1884		9. AGE (In years last birthday) 67	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) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) NEBRASKA		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME EDWARD LA BIENZT			13b. MOTHER'S MAIDEN NAME IDA DONOHO		14. NAME OF HUSBAND OR WIFE J. H. RIEDERER			
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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS DR. R.E. RIEDERER, OLATHEA, KANSAS				
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of pancreas C metastases to esophagus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 47 days, 1952, to 11 July, 1952, that I last saw the deceased alive on 11 July, 1952, and that death occurred at 9 p. m., from the causes and on the date stated above.								
23a. SIGNATURE Williston P. Bunting M.D. (Title)				23b. ADDRESS KCMO 1622 Professional Bldg		23c. DATE SIGNED 7-12-52		
24a. BURIAL CREMATION (Specify) BURIAL		24b. DATE 7-13-52	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) LARNED, KANSAS			
DATE REC'D BY LOCAL REG. 7-12-52		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & MC CLURE KANSAS CITY, MO.				

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

6078

W. P. Bunting
Eng. College
Y 6222

MAY 18 1956

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 F. D. Walton

Licensed Embalmer No. 2744

P. O. Address Keokuk

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.