

FILED OCT 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30828

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1032

1. PLACE OF DEATH a. COUNTY Buchanan		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) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph <u>1117</u>	
c. LENGTH OF STAY (in this place) 65 years		d. STREET ADDRESS (If rural, give location) 2933 Olive St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2933 Olive St.			

3. NAME OF DECEASED (Type or Print) a. (First) Christena b. (Middle) Reents c. (Last) Reents			4. DATE OF DEATH (Month) (Day) (Year) September 26, 1952			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH August 3, 1871	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days 0 0	IF UNDER 24 HRS. Hours Min. 0 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Wathena, Kansas		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME unk. Kiefer		13b. MOTHER'S MAIDEN NAME unk.		14. NAME OF HUSBAND OR WIFE Herman F. Reents	
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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Carol Wolheim, 2933 Olive St. St. Joseph, 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		INTERVAL BETWEEN ONSET AND DEATH unk.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cholelithiasis DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diverticulitis Nephrolithiasis Atherosclerosis Arteriosclerotic Heart Disease		unk.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 1561

22. I hereby certify that I attended the deceased from Aug 24, 1952 to 9-26, 1952, that I last saw the deceased alive on 9-26, 1952, and that death occurred at 6:25 a. m., from the causes and on the date stated above.

23a. SIGNATURE Orville Dawson M.D. (Degree or title)	23b. ADDRESS 317 Riskpatzick Bldg St Joseph Mo	23c. DATE SIGNED 9-26-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 9/27/1952	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph Missouri
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DATE REC'D BY LOCAL REG. Oct 2, 1952	REGISTRAR'S SIGNATURE Carl C. Cady	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Heaton-Bowman Funeral Home St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

Eugene Wood

Licensed Embalmer No. *3804*

P. O. Address *314 & 10th 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.