

STANDARD CERTIFICATE OF DEATH

44338

State File No.

FILED JAN 6 - 1953

BIRTH NO. _____ REG. DIST. NO. 359 PRIMARY REG. DIST. NO. 4526 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Vernon</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sheldon</u> c. LENGTH OF STAY (in this place) <u>8</u> d. FULL NAME OF HOSPITAL OR INSTITUTION _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sheldon</u> d. STREET ADDRESS (If rural, give location) <u>8</u>		
---	--	--	--	--	--

3. NAME OF DECEASED (Type or Print) <u>OTTO</u> a. (First) _____ b. (Middle) _____ c. (Last) <u>RIETOW</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12</u> <u>19</u> <u>52</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 8, 1888</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 28 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>4</u>

13a. FATHER'S NAME <u>Henry Rietow</u>	13b. MOTHER'S MAIDEN NAME <u>Minnie Rietow</u>	14. NAME OF HUSBAND OR WIFE <u>ETTA MASON Rietow</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Etta Rietow</u>
		ADDRESS _____

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>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Hypertension + Congestive Heart Failure</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____	INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>1 yr</u>
--	--	---

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4438</u>	20. AUTOPSY? YES <input 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.) <u>Sheldon</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Vernon Mo.</u>
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 April, 1952, to Dec, 1952, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>G. B. Bannister MD</u> (Degree or title)	23b. ADDRESS <u>Sheldon Mo</u>	23c. DATE SIGNED <u>12-19-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Dec. 21-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sheldon Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>Sheldon Mo.</u>

DATE REC'D BY LOCAL REG. <u>Jan 5 1953</u>	REGISTRAR'S SIGNATURE <u>Mr. Ruth Faith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Bernard Perry</u>
		ADDRESS <u>Sheldon Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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.....

working under my personal supervision.

Student Embalmer No.....

Signed *L. Errol Beeny*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *4202*.....

P. O. Address *Sheldon 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.