S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4932

FILED MAR 9 - 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 284

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 30 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6608 King Hill Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
d. STREET ADDRESS (If rural, give location): 6608 King Hill Ave.

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3. NAME OF DECEASED (Type or Print)
a. (First): ANNA
b. (Middle): F.
c. (Last): REUTHINGER

4. DATE OF DEATH (Month) (Day) (Year): March 2, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 25, 1873
9. AGE (In years last birthday): 79 — 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: Own home
11. BIRTHPLACE (City and State or Foreign Country): Nebraska City Nebraska
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: W. W. Waterfall
13b. MOTHER'S MAIDEN NAME: Josephine Javorsky
14. NAME OF HUSBAND OR WIFE: Ferdinand ~~Ferdenand~~ Reuthinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Mrs. M. S. Rizer
ADDRESS: 6515 King Hill Av.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 48 Hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Influenza — 4 Days
DUE TO (c) 481X

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Cerebral Apoplexy; Diabetes Mellitus — 12-19-52; 10 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ 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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-19, 1952, *to* 3-2, 1953, *that I last saw the deceased alive on* 3-1, 1953, *and that death occurred at* 1:00 m., *from the causes and on the date stated above.*

23a. SIGNATURE [illegible] (Degree or title) MD
23b. ADDRESS 5105 King Hill Ave. St. Joseph, Mo.
23c. DATE SIGNED 3-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 4/53
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cem.
24d. LOCATION (City, town, or county) (State): St. Joseph, Mo.

DATE REC'D BY LOCAL REG.: March 6, 1953
REGISTRAR'S SIGNATURE: Carl C. Carter 446-0
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible]
ADDRESS: Clark Funeral Home 120 Illinois Av

(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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Emma Clark

Licensed Embalmer No. 1235

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.

17 1953

State of Mo. } ss.
County of Buch.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 4932
Local Registrar's No. 284

On this 16th day of March, 1953, before me appears Virginia J. Rizer, who, upon her oath, states that the original record of ~~birth~~ death for Anna E. Reuthinger, ~~born~~ died March 2, 1953, in the State of Missouri, and which was filed at St Joseph on March 6, 1953 should be corrected as follows:

Item No. ..... should read .....

Instead of .....

Item No. 3 should read Anna F. Reuthinger

Instead of Anna E. Reuthinger

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. 14 should read Ferdinand Reuthinger

Instead of Ferdenand Reuthinger

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Virginia J. Rizer Relationship. Niece

Present Address. 6515 King Hill, St. Joseph, Mo.

Subscribed and sworn to before me this 16th day of March, 1953.

My Commission expires My Commission Expires Nov. 3, 1956

Lucy P. Belmont Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
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