

FILED JAN 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43452

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 5590 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <i>Jefferson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Jefferson</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Big River Township</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Rural Big River Township</i>	
c. LENGTH OF STAY (in this place) <i>36 yrs</i>		d. STREET ADDRESS (If in city location) <i>Near Dittmer - Mo. 0508</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Near Dittmer Mo</i>			
3. NAME OF DECEASED a. (First) <i>ANNA</i>		b. (Middle) _____ c. (Last) <i>RIEMANN</i>	
4. DATE OF DEATH (Month) (Day) (Year) <i>Dec 20-1953</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>June 5-1869</i>
9. AGE (In years last birthday) <i>84</i>	IF UNDER 1 YEAR Months <i>6</i> Days <i>15</i>	IF UNDER 24 HRS. Hours <i></i> Min. <i></i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Wife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>	11. BIRTHPLACE (State or foreign country) <i>Division So. Australia</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			
13a. FATHER'S NAME <i>Rev. J. Torbityky</i>		13b. MOTHER'S MAIDEN NAME <i>Johnna E. Hoffman</i>	14. NAME OF HUSBAND OR WIFE <i>Wm Riemann</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>OTTO RIEMANN</i> ADDRESS <i>DITTMER Mo</i>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebratory Collapse</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Myocardial Failure</i> DUE TO (c) <i>Infirmity</i> 2. OTHER SIGNIFICANT CONDITIONS <i>Pneumonia</i> Conditions contributing to the death but not related to the disease or condition causing death.	
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) (Min.)	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 <i>2-8</i> , 1952, to <i>12-20</i> , 1953, that I last saw the deceased alive on <i>Nov 4</i> , 1953, and that death occurred at <i>3:49 a.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Dr. Wm. Williams D.O.</i>		23b. ADDRESS <i>St. Clair, Mo</i>	23c. DATE SIGNED <i>12-21-53</i>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>Dec 23-1953</i>	24c. NAME OF CEMETERY OR CREMATORY <i>St. Martins Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Dittmer Mo</i>
DAT. REC'D BY LOCAL REG. <i>12-23-53</i>	REGISTRAR'S SIGNATURE <i>Kathleen M. Pruden</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Brimmer Fun. Home</i>	ADDRESS <i>House, Mo</i>

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED JAN 8 1954

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 *John H. Brimmer* _____

Licensed Embalmer No. 1470

P. O. Address Hoise Springs - 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.