

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

46  
9081  
State File No. ....

BIRTH NO. FILED MAR 24 1954 REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4240 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Mo</b>		b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Blue Springs</b>		c. LENGTH OF STAY (in this place) <b>11 yrs</b>		c. CITY OR TOWN <b>Blue Springs</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Highway 7</b>					
e. STREET ADDRESS (If rural, give location) <b>City Highway 7</b>					

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>Grace</b>	b. (Middle) <b>T</b>	c. (Last) <b>Rieger</b>	(Month) <b>Feb</b>	(Day) <b>27</b>	(Year) <b>1954</b>

5. SEX <b>Fm</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 11 1880</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months <b>4</b>	IF UNDER 1 HR. Hours <b>4</b>	Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Germany</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Fred Zick</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>C W Rieger</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Fred Rieger</b>	ADDRESS <b>Blue Springs Mo</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Cardiac failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive cardio-vascular disease</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>443X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **8-6, 1947**, to **1-17, 1954**, that I last saw the deceased alive on **1-17, 1954**, and that death occurred at **2:45A m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Merrill R. Bay M.D.</b>	(Degree or title)	23b. ADDRESS <b>Blue Springs Mo</b>	23c. DATE SIGNED <b>3-1-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Mar 2 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Hill</b>	24d. LOCATION (City, town, or county) (State) <b>Pleasant Hill Mo</b>
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DATE REC'D BY LOCAL REG. <b>Mar. 24-54</b>	REGISTRAR'S SIGNATURE <b>N. B. Sampford</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Webb Funeral Home</b>	ADDRESS <b>Blue Springs Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

MAR 24 1950

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.....  
Signature of Student Embalmer

Signed..... *P B With*

Licensed Embalmer No. 2353

O. Address Bluespring

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.