

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS City		c. CITY OR TOWN KANSAS City	
c. LENGTH OF STAY (in this place) 32 YEARS		d. If Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION MENORAH MEDICAL CENTER			
e. STREET ADDRESS 15		(If rural, give location) 5339 FOREST AVENUE 3758	

3. NAME OF DECEASED (Type or Print) a. (First) META b. (Middle) L c. (Last) Rieth			4. DATE OF DEATH (Month) (Day) (Year) 4 12 54		
5. SEX 1 FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	
8. DATE OF BIRTH FEB. 22, 1877			9. AGE (In years last birthday) 77		10. IF UNDER 1 YEAR Months Days
11. 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 AT HOME		11. BIRTHPLACE (City and State or Foreign Country) HARTLAND, KANSAS 1		12. CITIZEN OF WHAT COUNTRY? U.S.A	
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13a. FATHER'S NAME AUGUST F. BRODHAGEN		13b. MOTHER'S MAIDEN NAME AUGUSTA WERNER		14. NAME OF HUSBAND OR WIFE HENRY F. RIETH DECEASED	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 495-03-7665		17. INFORMANT'S SIGNATURE OR NAME ADDRESS WALTER F. BRODHAGEN COFFEYVILLE, KS	
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18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intraventricular hemorrhage		DUPLICATE			4 days
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) arteriosclerosis			
		DUE TO (c)			331X
II. OTHER SIGNIFICANT CONDITIONS		Bleeding duodenal ulcer			1 day
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 checked="" type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 July, 1953, to Apr 12, 1954, that I last saw the deceased alive on 4/11, 1954, and that death occurred at 10:28 A.M., from the causes and on the date stated above.

23a. SIGNATURE Harry C. Weal (Degree or title) MD		23b. ADDRESS Professional Bldg		23c. DATE SIGNED 4/12/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE APR. 14, 1954		24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI	
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DATE REC'D BY LOCAL REG. 4-14-54		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.A. Newcomer's KANSAS CITY, MISSOURI 1331 BRUSH CREEK BLVD	
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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
Signature of Student Embalmer

Signed *Basil Honey*

Licensed Embalmer No. *472*

P. O. Address *Stehland*

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.