

No. 300  
10.48

FILED JUN 3 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16124**  
**2154**

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>MIAMI</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PAOLA, KANSAS</u>	
c. LENGTH OF STAY (In this place) <u>3 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. (Block)</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>George</u>		b. (Middle) _____		c. (Last) <u>Reifel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-11-54</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN 4 1894</u>		9. AGE (In years last birthday) <u>60</u>	# UNDER 1 YEAR Months <u>5</u> Days <u>11</u>	# UNDER 1 YEAR Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING (Retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>PAOLA, KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>UN-KNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UN-KNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>MINNIE REIFEL</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>U.S. No. none.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hospital Records</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
*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) <u>Uremia</u>				5410	
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Decomposed liver with obstruction</u>					
		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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) _____		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 5/9 1954 to 5/11 1954, that I last saw the deceased alive on 5/10 1954, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H.P. Boughnau</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Kansas City Mo.</u>		23c. DATE SIGNED <u>7/11/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5/11/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Block Cemet.</u>	
				24d. LOCATION (City, town, or county) (State) <u>Block, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>5-12-54</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wilson &amp; Son, Paola, Kansas</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Removed to POLA, Kans.  
for Embalming

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

*Chas. R. DeLeon*

Licensed Embalmer No. *2120*, (Kans.)

P. O. Address *POLA, Kans.*

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.