

FILED JUN 9 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16128**
2328

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 **Missouri**
b. COUNTY **Jackson**

b. CITY OR TOWN **Kansas City**
outside corporate limits, write RURAL and give township)

c. CITY OR TOWN **Kansas City**

d. Is Residence within limits of a city or incorporated town?
Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: **Menoreh Medical Center**

e. STREET ADDRESS (If rural, give location) **5050 Oak St**
37280 apt 11025

3. NAME OF DECEASED
a. (First) **Glenn**
b. (Middle) **Graham**
c. (Last) **Rieder**
4. DATE OF DEATH (Month) (Day) (Year) **5-23-54**

5. SEX **M**

6. COLOR OR RACE **W**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **8-8-82**

9. AGE (In years last birthday) **71**
IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Salesman**

10b. KIND OF BUSINESS OR INDUSTRY **Retired Penney's**

11. BIRTHPLACE (City and State or Foreign Country) **Nebraska**

12. CITIZENSHIP OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **George Rieder**

13b. MOTHER'S MAIDEN NAME **Etha Briggs**

14. NAME OF HUSBAND OR WIFE **Thora C.**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO**

16. SOCIAL SECURITY NO. **unknown**

17. INFORMANT'S SIGNATURE OR NAME **Glenn H Rieder Jr** ADDRESS **N.C. Mo**

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **acute cor pulmonale**
INTERVAL BETWEEN ONSET AND DEATH **2 1/2 hrs**
ANTECEDENT CAUSES
DUE TO (b) **Chronic bronchitis - status asthmaticus**
DUE TO (c) **Emphysema of lungs**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

20. AUTOPSY? YES NO

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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)

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 **May 21**, 1954, to **May 23**, 1954, that I last saw the deceased alive on **May 22**, 1954, and that death occurred at **12:42** m., from the causes and on the date stated above.

23a. SIGNATURE **F. S. Hoffman** (Degree or title) **MD**

23b. ADDRESS **330 Professional Bldg**

23c. DATE SIGNED **5-23-54**

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE **May 24 1954**

24c. NAME OF CEMETERY OR CREMATORY **Walnut Hill**

24d. LOCATION (City, town, or county) (State) **Council Bluffs, Ia**

DATE REC'D BY LOCAL REG. **5-23-54**

REGISTRAR'S SIGNATURE **Genevieve Smith**

25. FUNERAL DIRECTOR'S SIGNATURE **Shirley M. E. B. Hure** ADDRESS **1116 Mo.**

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.....
Eugen Thomas

Licensed Embalmer No..... 46

P. O. Address.....
Leona, C.

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.