

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 25 1956

BIRTH NO. _____ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 5429 Registrar's No. 4

1. PLACE OF DEATH NEW HAVEN MO.
a. COUNTY FRANKLIN

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give name of township) OR TOWN NEW HAVEN MO (Rural LYON)

c. CITY OR TOWN New Haven
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION New Haven Mo R.R.

e. STREET ADDRESS (If rural, give location) New Haven Mo R.R. 0300

3. NAME OF DECEASED (Type or Print)
a. (First) OSCAR b. (Middle) E. c. (Last) RIECHERS

4. DATE OF DEATH (Month) (Day) (Year)
Jan. 18 1956

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Feb. 25th 1906

9. AGE (In years last birthday) 50
IF UNDER 1 YEAR: Days 10 Hours 23 Min. _____

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

10b. KIND OF BUSINESS OR INDUSTRY Blacksmith

11. BIRTHPLACE (City and State or Foreign Country) New Haven Mo. (Rural)

12. CITIZEN OF WHAT COUNTRY? U S. A.

13a. FATHER'S NAME Henry C. Riechers

13b. MOTHER'S MAIDEN NAME Anna Kapplemann

14. NAME OF HUSBAND OR WIFE Mrs Lillian Riechers

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. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs Oscar Riechers New Haven 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 myocardial infarction

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
18 days

5 years

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 1/22, 19 55 to 1/19, 19 56, that I last saw the deceased alive on 1/12, 19 56, and that death occurred at 11:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) B. P. Eisenmann M. D.

23b. ADDRESS New Haven, Missouri

23c. DATE SIGNED 1/19/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1-21-1956

24c. NAME OF CEMETERY OR CREMATORY Beoul Lutheran Cem

24d. LOCATION (City, town, or county) (State) New Haven MO

DATE REC'D BY LOCAL REG. Jan. 21-1956

REGISTRAR'S SIGNATURE John Charles Furley

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
S. E. Fertig New Haven 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 *Carl J. [unclear]*.....

Licensed Embalmer No. *2338*.....

P. O. Address *1100 [unclear]*.....

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.