

STANDARD CERTIFICATE OF DEATH

2502
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3030 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Festus		c. CITY OR TOWN Festus	
c. LENGTH OF STAY (In this place) life		d. In 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 103 East Frisco, St.		e. STREET ADDRESS (If rural, give location) 103 East Frisco St.	
3. NAME OF DECEASED a. (First) John b. (Middle) Nicholas c. (Last) Reheisse		4. DATE OF DEATH (Month) (Day) (Year) April 2, 1956	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH July 12, 1887
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman (Retired)	11. BIRTHPLACE (City and State or Foreign Country) Crystal City, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Peter Reheisse	
13b. MOTHER'S MAIDEN NAME Virginia Moya		14. NAME OF HUSBAND OR WIFE	
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. 489-03-4139	
17. INFORMANT'S SIGNATURE OR NAME Joe Reheisse, 103 E. Frisco, Festus, Mo.		ADDRESS	
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) Arterio-sclerotic coronary heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4200	
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 <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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:00 A.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Carl E. Rice M.D.		23b. ADDRESS Hillborno Mo	
23c. DATE SIGNED 4/3/56		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 4-4-56		24c. NAME OF CEMETERY OR CREMATORY Catholic	
24d. LOCATION (City, town, or county) (State) Crystal City, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wagoner Funeral Home, Festus Mo	
DATE REC'D BY LOCAL REG. 4-4-56		REGISTRAR'S SIGNATURE	

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

APR 11 1956

APR 17 1956

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 *J. H. W. W. W.*

Licensed Embalmer No. *460*
P. O. Address *East St. J.*

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.