

FILED JUL 30 1956

STANDARD CERTIFICATE OF DEATH

23041 State File No. 352

BIRTH NO. REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 5182 Registrar's No. 352

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give town) Rural Shawnee		c. CITY (If outside corporate limits, write RURAL and give township) Rural Shawnee	
c. LENGTH OF STAY (in this place) 57 yrs.		d. STREET ADDRESS (If rural, give location) 2 mi. No. Pocahontas, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 mi. No. Pocahontas, Mo.			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) EMILY	b. (Middle) NANNETTE	c. (Last) REISENBICHLER	July 21, 1956		

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 8, 1875	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days 	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housework	11. BIRTHPLACE (State or foreign country) Lincoln, Nebraska	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Pfisterer	13b. MOTHER'S MAIDEN NAME Emily Young	14. NAME OF HUSBAND OR WIFE Louis Reisenbichler
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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 Wm. Reisenbichler	ADDRESS Jackson, Mo.
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Lymphocytic Leukemia		INTERVAL BETWEEN ONSET AND DEATH 4 mo.
	ANTECEDENT CAUSES Morbidity 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 Arteriosclerotic heart disease		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from **Aug 8, 1954**, to **July 21, 1956**, that I last saw the deceased alive on **July 20, 1956**, and that death occurred at **?** m., from the causes and on the date stated above.

23a. SIGNATURE W. Jager, M.D.	(Degree or title)	23b. ADDRESS Jackson, Mo.	23c. DATE SIGNED July 21, 1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 24, 1956	24c. NAME OF CEMETERY OR CREMATORY Zion Lutheran	24d. LOCATION (City, town, or county) (State) Pocahontas, Missouri
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DATE REC'D BY LOCAL REG. 7-23-56	REGISTRAR'S SIGNATURE W. C. Summers	25. FUNERAL DIRECTOR'S SIGNATURE McComb Funeral Home, Wm. H. Jackson, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

VS NOV 3 1960

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 _____

B. A. Meyer

Licensed Embalmer No. _____

3051

P. O. Address _____

Jackson Mo

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.