No. 300
10.48

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

FILED SEP 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27421

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 0595 Registrar's No. 70

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Rock Township
c. LENGTH OF STAY (in this place): Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): East Four Ridge Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jefferson
c. CITY OR TOWN: Rural
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): East Four Ridge Road 0 500 0

3. NAME OF DECEASED (Type or Print)
a. (First): BARBARA
b. (Middle): R
c. (Last): RIEBOLD (RIEBOLD)

4. DATE OF DEATH (Month) (Day) (Year): 8 — 30 - 56

5. SEX: F.

6. COLOR OR RACE: W.

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

8. DATE OF BIRTH: Sept. 27, 1879

9. AGE (In years last birthday): 76 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (City and State or Foreign Country): Rock Creek, Mo.

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

13a. FATHER'S NAME: Nicholas Reisch

13b. MOTHER'S MAIDEN NAME: Mary Swaller

14. NAME OF HUSBAND OR WIFE: Louis (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Frank Riebold, Imperial, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage

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

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 331/X

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) m.

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~~ _____, ~~19~~ _____, ~~to~~ _____, ~~19~~ _____, ~~that I~~ last saw the deceased alive on* 8-29-, *19*56, *and that death occurred at* 2:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Carlle Rice (Degree or title) MD

23b. ADDRESS Hillsboro Mo

23c. DATE SIGNED 8/30/56

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

24b. DATE: Sept. 1, 56

24c. NAME OF CEMETERY OR CREMATORY: Rock Creek Cemetery

24d. LOCATION (City, town, or county) (State): Rock Creek, Mo.

DATE REC'D BY LOCAL REG.: 9-3-1956

REGISTRAR'S SIGNATURE: Ruth Sosa

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Heiligtag Funeral Home Imperial, Mo.

(Licensed Embalmer's Statement on Reverse Side)

38
0

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

SEP 5 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 387

P. O. Address Imperial

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.