

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27662**

FILED AUG 28 1956

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **285**

1. PLACE OF DEATH a. COUNTY Marion			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Hannibal		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence 3309 Brookside			e. STREET ADDRESS (If rural, give location) 3309 Brookside Drive			
3. NAME OF DECEASED (Type or Print) a. (First) B.H. Riedel b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) August 19, 1956			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 28, 1915	9. AGE (In years last birthday) 41	IF UNDER 1 YEAR Months 2 Days 21	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Representative	10b. KIND OF BUSINESS OR INDUSTRY Miller Mutual Ins.	11. BIRTHPLACE (City and State or Foreign Country) Hannibal Missouri		12. CITIZEN OF WHAT COUNTRY? U S A		
13a. FATHER'S NAME Henry G. Riedel		13b. MOTHER'S MAIDEN NAME Lorraine Raphael		14. NAME OF HUSBAND OR WIFE Doris Tinsley Riedel		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W W 2		16. SOCIAL SECURITY NO. 486 12 0813	17. INFORMANT'S SIGNATURE OR NAME Mrs. B.H. Riedel ADDRESS Hannibal Missouri			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized metastasis ANTECEDENT CAUSES in type Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Adenocarcinoma bladder papillary 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 7 mo
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 181X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <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 1-17-56 , 19 56 , to 8-19-56 , 19 56 , that I last saw the deceased alive on 8-19-56 , 19 56 , and that death occurred at 7:45P m., from the causes and on the date stated above.						
23a. SIGNATURE R M Strong MD (Degree or title)			23b. ADDRESS 115 N Fifth, Hannibal, Mo		23c. DATE SIGNED 8-21-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/21/56	24c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery	24d. LOCATION (City, town, or county) (State) Hannibal Missouri			
DATE REC'D BY LOCAL REG. 8/22/56	REGISTRAR'S SIGNATURE W E M Luecke	25. FUNERAL DIRECTOR'S SIGNATURE C F ...	ADDRESS Hannibal Mo			

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

189-0

AUG 27 1956

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED AUG 27 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.....
John L. Spang

Licensed Embalmer No. 4540.....

P. O. Address Hannibal Missouri

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.