

FILED JAN 21 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2173**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **257** PRIMARY REG. DIST. NO. **5884** Registrar's No. **84**

1. PLACE OF DEATH a. COUNTY <b>Osage</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Maries</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Freeburg, Mo.</b>		c. CITY OR TOWN <b>Vienna, Mo.</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>1 Week</b>		e. STREET ADDRESS (If rural, give location) <b>Rural Jackson Twp.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)  
a. (First) **Evelyn** b. (Middle) **B.** c. (Last) **Reichel**

4. DATE OF DEATH (Month) (Day) (Year) **Jan. 13, 1957.**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **Oct. 12, 1870.** 9. AGE (In years last birthday) **86** IF UNDER 1 YEAR Months **3** IF UNDER 24 HRS. Days **1** Hours **1** Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Housekeeping** 11. BIRTHPLACE (City and State or Foreign Country) **Brinktown, Mo.** 12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13a. FATHER'S NAME **Dennis Fennessey** 13b. MOTHER'S MAIDEN NAME **Mary Briggs** 14. NAME OF HUSBAND OR WIFE **Ulrich Reichel**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME **Mrs William Falter,** ADDRESS **Freeburg, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Myocardial Failure**

ANTECEDENT CAUSES (b) **Arteriosclerotic Heart Disease**

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (c) **General arteriosclerosis**

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

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) **4200**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 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 **March 1953**, to **Jan.**, 1957, that I last saw the deceased alive on **Jan 2**, 1957, and that death occurred at **8:45** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **A. Osaman M.D.** 23b. ADDRESS **eff. City - Mo.** 23c. DATE SIGNED **Jan 16, 1957**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **1/16/57** 24c. NAME OF CEMETERY OR CREMATORY **Visitation** 24d. LOCATION (City, town, or county) (State) **Vienna, Mo.**

DATE REC'D BY LOCAL REG. **Jan 18-1957** REGISTRAR'S SIGNATURE **T. A. Schmitt** 25. FUNERAL DIRECTOR'S SIGNATURE **W. O. Crimshaw** ADDRESS **Vienna, Mo.**

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

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**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 *W. C. Cunningham* .....

Licensed Embalmer No. 3664

P. O. Address *Anna* .....

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.