

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25629

State File No.

FILED JUL 29 1957

BIRTH MO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 322

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia,	
c. LENGTH OF STAY (in this place) 4 yrs		d. STREET ADDRESS (If rural, give location) 526 East 5th	
d. FULL NAME OF HOSPITAL OR INSTITUTION 526 East 5th Street			

3. NAME OF DECEASED (Type or Print) FRED	a. (First)	b. (Middle) G.	c. (Last) RIEKE	4. DATE OF DEATH July 25, 1957
				(Month) (Day) (Year)

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Oct. 21, 1883	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dishwasher	10b. KIND OF BUSINESS OR INDUSTRY Restaurant	11. BIRTHPLACE (State or foreign country) Drake, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Fred Rieke	13b. MOTHER'S MAIDEN NAME Lydia Ruegge	14. NAME OF HUSBAND OR WIFE None
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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. 307-10-8270	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mayme Woodson, Sedalia, Missouri	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pyelo-nephritis		INTERVAL BETWEEN ONSET AND DEATH 4 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer of Prostate		
	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 June 1953	19b. MAJOR FINDINGS OF OPERATION Cancer of Prostate	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)
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 —, 1953, to July 25, 1957, that I last saw the deceased alive on July 25, 1957, and that death occurred at 2:15p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. L. Walter M.D.	23b. ADDRESS Sedalia Mo	23c. DATE SIGNED July 26-1957
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-27-57	24c. NAME OF CEMETERY OR CREMATORY Crown Hill	24d. LOCATION (City, town, or county) (State) Sedalia, Missouri
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DATE REC'D BY LOCAL REG. 7-27-57	REGISTRAR'S SIGNATURE Frances Shelby	25. FUNERAL DIRECTOR'S SIGNATURE W. Bleckart	ADDRESS Sedalia, Mo.
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

CATALOGUE FUNERAL HOME

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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

Student Embalmer

Signed

Russell C. Maag

Licensed Embalmer No. *4804*

P. O. Address

Sedalia, 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.

CH / ECDE EMBALMER / NOV