

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-010150  
STATE FILE NUMBER  
1370

FILED APR 2 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1370

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Luke's Hosp.</b>		Length of stay in 1b <b>40 years</b>	d. STREET ADDRESS (If outside, give location) <b>8525 Grande Pas</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>MRS. MARY RIEGER</b>			4. DATE OF DEATH Month <b>March</b> Day <b>14</b> Year <b>1958</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 20, 1890</b>	9. AGE (In years last birthday) <b>67</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY?
<b>Walla's Bridal Shop</b>		<b>Shop</b>	<b>Columbia, Missouri</b>		<b>USA</b>
13a. FATHER'S NAME <b>Charles Matthews</b>		13b. MOTHER'S MAIDEN NAME <b>Jennie Kemper</b>		14. NAME OF HUSBAND OR WIFE <b>Thump Rieger</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>486-07-2285</b>		17. INFORMANT <b>Rieger</b> Address <b>Mr. Charles Rieger, Louisville, Kentucky</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerosis &amp; atherosclerosis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>4 yrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b>					
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____ '58 to _____ '58 and last saw her alive on _____ '58 Death occurred at _____ <b>5:15 A.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>A.W. Robinson</b> (Name or title)		22b. ADDRESS <b>4635 Raymond</b>		22c. DATE SIGNED <b>3-15-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		23b. DATE <b>March 15, '58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>D. W. Newcomer's</b>	
23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>					
24. FUNERAL DIRECTOR <b>Stine &amp; McClure Und. Co.</b>		ADDRESS <b>K. C., Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>3-15-58</b>	
		26. REGISTRAR'S SIGNATURE <b>Nevo Minshall</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms or signs to be entered. All diseases in Part I must be causally related.

A.W. Robinson

21.8  
88  
5-11  
4.0

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 *Elmer D. Trickett* .....

Licensed Embalmer No. *4817* .....

P. O. Address *Kansas City, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.