

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-038741
 STATE FILE NUMBER

FILED DEC 15 1958 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 387

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Schuyler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Rural
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nursing Home #1		Length of stay in lb 3 yr.	d. STREET ADDRESS (If outside, give location) 0980
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last Gustav Adolph Riedel			4. DATE OF DEATH Month Day Year Dec. 9, 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 28, 1874		9. AGE (In years log birthday) 84
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and state or country) Schuyler County Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Gustav Adolph Riedel		13b. MOTHER'S MAIDEN NAME Elizabeth Riegler		14. NAME OF HUSBAND OR WIFE --	

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. none	17. INFORMANT Walter E Riedel	Address Bloomfield Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Yremia		INTERVAL BETWEEN ONSET AND DEATH 466X days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Gangrene of Transverse Descending Colon	
	DUE TO (c) Thrombosis of left Colic vein	
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. Month, Day, Year p.m.		

20d. INJURY OCCURRED WHILE AT <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 Kirksville, Mo.	COUNTY Mo.	STATE
21. I attended the deceased from Jan. 16, 1956 to 12-9-58 and last saw him alive on 12-9-58 Death occurred at 8:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE Georgette Scherer, D.O.	(Degree or title)	22b. ADDRESS Kirksville, Mo.	22c. DATE SIGNED 12-11-58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 12/12/58	23c. NAME OF CEMETERY OR CREMATORY Germania	23d. LOCATION (City, town, or county) (State) s/w of Lancaster, Mo.

24. FUNERAL DIRECTOR Norman Funeral Home, Lancaster, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 12-11-1958	26. REGISTRAR'S SIGNATURE Doris W. Ratliff
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GEORGE H. SCHEURER D.O.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *David B. Foster*

Licensed Embalmer No. *4742*

P. O. Address *Lakeland, Fla.*

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.