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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-038998
STATE FILE NUMBER

FILED NOV 17 1958 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1221

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN /St. Joseph — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital#2 — Length of stay in Ib 10 mon.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Grain Valley — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS 7000 Rural (If outside, give location) — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First EUGENE Middle ERNEST Last RIEDER
4. DATE OF DEATH Month Nov. Day 10, Year 1958
5. SEX male
6. COLOR OR RACE white
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH April 26, 1889
9. AGE (In years last birthday) 69 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Odessa, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Phillip Rieder
13b. MOTHER'S MAIDEN NAME Elizabeth Graham
14. NAME OF HUSBAND OR WIFE Margaret Ann Sidener
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. none
17. INFORMANT Susie Hutchins--Grain Valley, Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic heart — INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis
DUE TO (c) 4200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chr. Brain Syndrome associated with Cerebral Arteriosclerosis
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 Nov 9, 1958, to ____ and last saw her/him alive on Nov. 9, 1958
Death occurred at 4:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Farrell Thomas (Degree or title) MD
22b. ADDRESS Jackson Mo. State Hosp. #2
22c. DATE SIGNED 11-10-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Nov. 10, 1958
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State) Grain Valley, Missouri

24. FUNERAL DIRECTOR Mayfield ADDRESS Blue Springs
25. DATE RECD. BY LOCAL REG. Nov. 10, 1958
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

DEC 12 1958

DEC 4 1958

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 Charles E. Mayfield

Licensed Embalmer No. 4638

P. O. Address Blue Springs

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.