

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022442
STATE FILE NUMBER

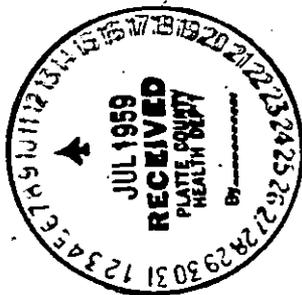
FILED JUL 13 1959 Registration District No. 280 Primary Registration District No. Registrar's No. 42

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY Platte		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Platte	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Iatan Weston		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Weston Iatan Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Felling Clinic D.C.A.		Length of stay in 1b 5 min.	d. STREET ADDRESS (If outside, give location) 0830 Perryville/Oyale Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Mary Middle Ann Last Reiss			4. DATE OF DEATH Month June Day 28 Year 1959
5. SEX female	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 July 28, 1958
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 11 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) Smithville, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Fredrick W. Reiss		13b. MOTHER'S MAIDEN NAME Elizabeth A. Borland	14. NAME OF HUSBAND OR WIFE xx
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) xx (or unknown)		16. SOCIAL SECURITY NO. xx	17. INFORMANT Fredrick W. Reiss Address Iatan, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Embryo Rhabdomyosarcoma of left lumbar region with metastasis in liver Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (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) 1971			INTERVAL BETWEEN ONSET AND DEATH 2 mts.
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 _____ Month, Day, Year _____ a.m. _____ p.m. _____			
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 _____ to _____ and last saw her/him alive on _____ Death occurred at APPROX. 12:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Roland M. Giffey, Coroner		22b. ADDRESS Platte City, Mo	22c. DATE SIGNED 6-28-59
23a. BURIAL, CREMATION, REBURY (Specify) Burial	23b. DATE 6-30-59	23c. NAME OF CEMETERY OR CREMATORY Smithville Cemetery	23d. LOCATION (City, town, or county) (State) Smithville, Missouri
24. FUNERAL DIRECTOR Vaughn Funeral Home Weston, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 6.30.1959	26. REGISTRAR'S SIGNATURE Gphic Rollins

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.



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. R. Vaughn.....

Licensed Embalmer No. 4023.....
P. O. Address Weston, 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.