

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029468

FILED VS SEP 15 1959

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 4238 Registrar's No. 392

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Buckner</u>		Length of stay in 1b	c. CITY OR TOWN <u>Buckner</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>None</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>U.S. Hwy # 24</u>

3. NAME OF DECEASED (Type or print) <u>Susan A. Reitz</u> First Middle Last			4. DATE OF DEATH Month <u>Sept.</u> Day <u>7</u> Year <u>1959</u>	
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-27-1873</u>	9. AGE (last birthday) <u>86</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>XXX</u>	11. BIRTHPLACE (City and state or country) <u>St. Clair Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Thos. Jefferson Durham</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy McCarty</u>	14. NAME OF HUSBAND OR WIFE <u>George H. Reitz</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>XXX</u>	17. INFORMANT ADDRESS <u>John Reitz, Buckner, Missouri</u>
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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) <u>Coronary Occlusion</u> DUE TO (b) <u>Chr Myocarditis</u> DUE TO (c) <u>arterio sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 days</u> <u>1 year</u> <u>5 yrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour <u>2:00</u> a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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
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21. I attended the deceased <u>Aug 1, 1959</u> to <u>Sept 7, 1959</u> and last saw her <u>Sept 7, 1959</u> alive on <u>Sept 7, 1959</u> . Death occurred at <u>8:05 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>M.B. Caldwell</u>	22b. ADDRESS <u>7200 W. 4000 Baltimore</u>	22c. DATE SIGNED <u>9-8-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Sept. 9, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Valley Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Stanley, Kansas</u>
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24. FUNERAL DIRECTOR <u>Hazel H. Reppert</u> ADDRESS <u>Buckner, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>9-9-59</u>	26. REGISTRAR'S SIGNATURE <u>Russell Reitz</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 16 1959

APR 26 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed or by Charles Mayfield, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 46

P. O. Address Blue Sp

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to 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.