

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002435

FILED VS JAN 28 1960 385

Primary Registration District No. 3039

Registrar's No. 93

STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marceline</u>		c. CITY OR TOWN <u>Brookfield</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bunton Rest Home</u>		d. STREET ADDRESS <u>625 North Main</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>ORPHA</u> Middle <u>E.</u> Last <u>RIECK</u>			4. DATE OF DEATH Month <u>January</u> Day <u>14</u> Year <u>1960</u>				
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>9/1/1866</u>	9. AGE (last birthday) <u>93</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>13</u> Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Public Teaching profession</u>		11. BIRTHPLACE (City and state or country) <u>State of Ohio</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Martin J. Ellenberger</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Ann Dotts</u>		14. NAME OF HUSBAND OR WIFE <u>L. C. Rieck (deceased)</u>			
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>none</u>		17. INFORMANT <u>Homer Ellenberger, Brookfield, Mo.</u>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Multiple pulm. Embolus

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Complication of hip fracture

DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease/condition given in PART I (a)
Arteriosclerosis; Encephalomalacia

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

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 _____ 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 058 COUNTY STATE

21. I attended the deceased from Dec 20, 1959 and last saw her alive on Jan 14, 1960

Death occurred at 4:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title)

22b. ADDRESS Marceline Missouri

22c. DATE SIGNED 1-15-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Jan. 16, 1960

23c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

23d. LOCATION (City, town, or county) (State) Brookfield, Missouri

24. FUNERAL DIRECTOR Hill Funeral Home, Brookfield, Mo. ADDRESS

25. DATE RECD. BY LOCAL REG. 1-15-60

26. REGISTRAR'S SIGNATURE Brookie Owens

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 23 1961

JAN 28 1960

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Gerald T. Wade

Licensed Embalmer No. 417

P. O. Address Brown

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.