RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-038164

STATE FILE NUMBER

FILED VS. NOV. 7 1960

IDED

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 272

1. PLACE OF DEATH
a. COUNTY Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Clinton Genl — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Henry
c. CITY OR TOWN Clinton — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 815 E Jefferson — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last: Theresa Flora Reifel

4. DATE OF DEATH Month Day Year: Oct 30 1960

5. SEX F
6. COLOR OR RACE W
7. Married ☐ Never Married ☒ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 3/14/1886
9. AGE (last birthday) 74 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Block Kansas
12. CITIZEN OF WHAT COUNTRY U S A

13a. FATHER'S NAME Gustave Evert
13b. MOTHER'S MAIDEN NAME Margret Neu
14. NAME OF HUSBAND OR WIFE Louis Deared

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Alvin E. Reifel — Address Kansas

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 1 wk.
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)
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 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 1958 to 30 Oct. 1960 and last saw her/him alive on 30 Oct 1960
Death occurred at 1:15 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugh B. Walker, MD
22b. ADDRESS Clinton, Mo
22c. DATE SIGNED 1 Nov. 1960

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Nov 1/60
23c. NAME OF CEMETERY OR CREMATORY Englewood Cem
23d. LOCATION (City, town, or county) (State) Clinton Mo

24. FUNERAL DIRECTOR Consolus — ADDRESS Clinton Mo
25. DATE RECD. BY LOCAL REG. Nov. 3 1960
26. REGISTRAR'S SIGNATURE Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

NOV 17 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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed J. E. Consoli

Licensed Embalmer No. 189

P. O. Address Clint

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