

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-016271**

STATE FILE NUMBER

Registration District No. 363 Primary Registration District No. 6236 Registrar's No. \_\_\_\_\_

AMENDED

**FILED MAY 2 1961**

1. PLACE OF DEATH a. COUNTY <u>Warren</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cass</u>									
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Charrette, Iowa</u>		Length of stay in 1b <u>none</u>		c. CITY OR TOWN <u>Harrisonville</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>Her 47-2 mi N of Washington</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>803 W. Mechanic</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last <u>Charles Louis Reiche</u>				4. DATE OF DEATH Month Day Year <u>April 28, 1961</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>6-15-39</u>		9. AGE (last birthday) <u>21</u>		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) <u>Post Office Clerk</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Post Office, K.C. Mo</u>		11. BIRTHPLACE (City and state or country) <u>Harrisonville, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Louis C. Reiche</u>				13b. MOTHER'S MARDEN NAME <u>Gella Blanche Mitchell</u>				13c. NAME OF HUSBAND OR WIFE <u>[check]</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>				14. SOCIAL SECURITY NO.		17. INFORMANT <u>Louis Reiche, Harrisonville, Mo.</u>				Address			
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>Fractured Skull, cut throat sudden</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause, last. DUE TO (b) <u>Being of fence under overhanging bar</u> DUE TO (c) <u>(Inquest Pending)</u>												INTERVAL BETWEEN ONSET AND DEATH	
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 checked="" 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.) <u>overhanging of bar</u>									
20c. TIME OF INJURY Hour <u>8</u> Month <u>5</u> Day <u>21</u> Year <u>61</u> p.m.		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.) <u>Highway 47</u>		20f. CITY, TOWN, OR LOCATION <u>Marthasville</u>		COUNTY <u>Warren</u>		STATE <u>Mo</u>			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>about 6:30</u> P.M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>F. H. Knipp, D.C., Coroner</u>						22b. ADDRESS <u>Warrenton, Mo</u>			22c. DATE SIGNED <u>May 29, 61</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>May 1, 1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Orient Cemetery</u>				23d. LOCATION (City, town, or county) (State) <u>Harrisonville, Missouri</u>					
24. FUNERAL DIRECTOR <u>Rennenburger, Harrisonville, Mo</u>				25. DATE RECEIVED BY LOCAL REG. <u>4/29/61</u>		26. REGISTRAR'S SIGNATURE <u>J.C. Johnson</u>							

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

MAY 12 1961

**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

*Lester H. Witt*

Licensed Embalmer No. 3254

P. O. Address Washington, 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.