

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10489

APR 10 1941
Registration District No. 218

Primary Registration District No. 5298

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town R.F.D. # 1 Boonville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home of Mr. & Mrs. J. O. Priatt
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper
(c) City or town R.F.D. # 1 Boonville, Mo.
(If outside city or town limits write "RURAL")
(d) Street No. R.F.D. # 1
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME Richard Sanford Rieves ✓

3. (b) If veteran, name war No 3. (c) Social Security No. 489-16-0117

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 13, 1902
(Month) (Day) (Year)

8. AGE: Years 38 Months 6 Days 11 If less than one day hr. _____ min. _____

9. Birthplace California Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farm Hand & Carpenter

11. Industry or business _____

12. Name John W. Rieves

13. Birthplace California Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Reed

15. Birthplace California Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant J. O. Priatt

(b) Address Rt. 1 Boonville Mo

17. (a) Burial (b) Date thereof March 26/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Herman Cemetery

18. (a) Signature of funeral director L. J. Meister

(b) Address Boonville, Missouri

19. (a) 3-26-41 (b) L. J. Meister
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 24th, day Mc, year 1941 hour 9.30 minute AM

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on Never seen alive, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Alcoholism Strangulation.

Due to Chronic Epilepsy

Due to Drinking intoxicating liquor.

Other conditions (include pregnancy within 3 months of death) 45

Major findings: Of operations _____

Of autopsy None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home Rural Route No 1

While at work? _____ (Specify type of place) (e) Means of injury Cooper Co. (over)

23. Signature L. J. Meister (M. D. or other) Meister

Address Boonville, Mo. Date signed 3/26/41

Duration
Physician
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 8,
District File Number
Date filed 11-8-41

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.....

..... Registered Apprentice No.

working under my personal supervision.

Signed Paul T. Hickey

Licensed Embalmer No. 3598

P. O. Address Moberly 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 this body is not embalmed, above space should be left blank.