

S. No. 2  
-12-45  
5-17-39  
I X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23246**

**FILED** AUG 13 1947

Registration District No. ....

Primary Registration District No. **3000**

Registrar's No. **211**

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

1. PLACE OF DEATH:

(a) County **Adair**  
(b) City or town **Kirkbournville Mo**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Grim-Smith Hosp**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **5 days** Specify whether  
In this community **5 days**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Schuyler Co.**  
(c) City or town **Queen City** 98  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Charles Theodore Riedel**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **male** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **w**

6. (b) Name of husband or wife **Mary h. Guerly** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: **Nov 3 1876**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>70</b>	<b>70</b>	<b>19</b>	<b>2</b> hr. min.

9. Birthplace **Schuyler Co. Mo. 0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

12. Name **Gustave Riedel 4**

13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth 4**

15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Easton**

(b) Address **Queen City MO**

17. (a) **Burial** (b) Date thereof **Aug 7 47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Annis**

18. (a) Signature of funeral director **P. P. Finton**

(b) Address **Jacksonville MO**

19. (a) **8-7-47** (b) **Kate Lambert**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August**, day **5th**  
year **1947** hour **5:00 A.M.** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from  
**1 Aug., 1947**, 19\_\_\_\_, to **5 August, 1947**, 19\_\_\_\_;

that I last saw him alive on **August 5th, 1947**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial failure** Duration **3 hrs.**

Due to **Pneumonitis** 5 days

Due to **Suppurative appendicitis** 7 days

Other conditions **121**  
(Include pregnancy within 3 months of death)

Major findings: **Early peritonitis with appendix filled & pus**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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?  
\_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **George E. Grim** (M. D. or other) **MD**

Address **7 Parkersburg Missouri** Date signed **8/5/47**

JAN 23 1948

RECEIVED  
District Health Officer No. 10  
District File Number. 8-47-1036  
AUG 11 1947  
Date Filed

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..... *P. J. Ganton* .....  
Licensed Embalmer No. *3705* .....  
P. O. Address. *Lancaster 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, fact should be so stated above.