

FILED OCT 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30535

State File No.

No. 300

10. 48

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4163</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>9 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		105	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeside Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>4205 KENWOOD AVENUE</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Edwin</u>		b. (Middle) <u>LEE</u>		c. (Last) <u>RIEKER</u>	
4. DATE OF DEATH		(Month) <u>Sept.</u>		(Day) <u>25</u>		(Year) <u>1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>FEB. 13, 1904</u>	
9. AGE (In years last birthday) <u>45 YEARS</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SECRETARY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LARGE PRINTING CO</u>		11. BIRTHPLACE (State or foreign country) <u>DAYTON, OHIO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN D. RIEKER</u>		13b. MOTHER'S MAIDEN NAME <u>ELIYA GARBIG</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. VIOLET C. RIEKER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>261-07-3058</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Violet C. Rieker</u>		ADDRESS <u>4205 KENWOOD AVE. KANSAS CITY, MO.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>arteriosclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Rheumatic Fever</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute Kidney pyelonephritis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> <u>Several years</u> <u>Childhood</u> <u>33 1/2 - 6 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept 21, 1949</u> , to <u>Sept 25, 1949</u> , that I last saw the deceased alive on <u>Sept 25, 1949</u> , and that death occurred at <u>11 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>A. E. Liville</u>		(Degree or title) _____		23b. ADDRESS <u>812-12th Walnut Bldg.</u>		23c. DATE SIGNED <u>9-26-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>SEPT-28-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>9-28-49</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmea</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Noncomer's Sons</u> ADDRESS <u>731 BRUSH ST. KANSAS CITY, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 22 1949

VS FEB 24 1961

FEB 16 1962

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
Student Embalmer

Signed _____

Robert Ray

Licensed Embalmer No. 4182

P. O. Address KANSAS CITY, 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.