

FILED NOV 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37390

State File No.

 BIRTH NO. _____ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 38

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| 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 township) OR TOWN <u>Rural "Washington"</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural "Washington"</u> <u>0480</u> | |
| c. LENGTH OF STAY (In this place) <u>40 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>1 1/2 Mi. S. E. Grandview</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 Mi. S. E. Grandview</u> | | | |

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|---|------------|-------------|---------------------------|---|
| 3. NAME OF DECEASED (Type or Print) <u>Bertha</u> | a. (First) | b. (Middle) | c. (Last) <u>Riedesel</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 5th, 1950</u> |
|---|------------|-------------|---------------------------|---|

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|----------------------|-------------------------------|--|--------------------------------------|---|------------------------|------------------------|-----------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u> | 8. DATE OF BIRTH <u>Nov. 4, 1873</u> | 9. AGE (In years last birthday) <u>77</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | IF UNDER 60 MIN. Min. |
|----------------------|-------------------------------|--|--------------------------------------|---|------------------------|------------------------|-----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u> | 11. BIRTHPLACE (State or foreign country) <u>Kansas City, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>John Werber</u> | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Rick</u> | 14. NAME OF HUSBAND OR WIFE <u>Henry H. Riedesel</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. John Olsen, Grandview, Mo.</u> | ADDRESS |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> | | <u>48 hrs</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastatic Carcinoma of abdomen</u> DUE TO (c) <u>Carcinoma of uterus</u> | | <u>4 months</u> <u>2-3 yrs</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>174X</u> | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from May 1950, to Nov 5, 1950, that I last saw the deceased alive on Nov 5, 1950 and that death occurred at 1:50 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>R.L. West</u> (Degree or title) <u>D.O.</u> | 23b. ADDRESS <u>Grandview Mo</u> | 23c. DATE SIGNED <u>11-6-50</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Nov. 7, '50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Belton</u> | 24d. LOCATION (City, town, or county) (State) <u>Belton, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>11/8/50</u> | REGISTRAR'S SIGNATURE <u>Dr. Anna R. Hodges</u> <u>136</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>E. K. George and Sons, Belton, Mo.</u> | ADDRESS |
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(Licensed Embalmer's Statement on Reverse Side)

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

0.3000
0.48

