

No. 300
10. 48.

FILED DEC 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40034

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

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 384

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY: (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Shawnee</u>	
c. LENGTH OF STAY (in this place) <u>13 Days</u>		d. STREET ADDRESS (If rural, give location) <u>New Wells Mo</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St Francis Hospital</u>			
3. NAME OF DECEASED a. (First) <u>Martin</u> b. (Middle) <u>Conrad</u> c. (Last) <u>Risenbichler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 14 1950</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>Nov 22 1877</u>
9. AGE (In years last birthday) <u>73</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>New Wells Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
13a. FATHER'S NAME <u>George Reisenbichler</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Schuffer</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>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Martin Reisenbichler</u>		ADDRESS <u>New Wells 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u> ANTECEDENT CAUSES (b) <u>Acute Paralytic Illness</u> DUE TO (c) <u>Prostate Surgery</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prostate Hypertrophy</u>	
19a. DATE OF OPERATION <u>Dec 6 1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>Hypertrophy prostate</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> <u>7 days</u> <u>6/10 X</u>	
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) m.	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>12-4-1950</u> to <u>12-14-1950</u> that I last saw the deceased alive on <u>12-7-1950</u> and that death occurred at <u>6:30 p.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>801 1/2 Broadway</u>	23c. DATE SIGNED <u>12-15-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 17 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Wells Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>New Wells Mo</u>
DATE REC'D BY LOCAL REG. <u>12-15-1950</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred. Kahner</u> ADDRESS <u>New Wells Mo</u>	

RECEIVED

DEC 18 1950

DISTRICT HEALTH OFFICE No.

No.

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.

Signed BA Meyer

Signed.....

Student Embalmer

Licensed Embalmer No. 3057

P. O. Address Jackson 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.