FILED DEC 27 1950

.S. No. 300
ev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40960

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5115

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1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City Wellington
c. LENGTH OF STAY (In this place) 24 hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY Lafayette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wellington
d. STREET ADDRESS (If rural, give location) R. F. D. II

0540

3. NAME OF DECEASED (Type or Print)
a. (First) Hugo
b. (Middle) Fredrick
c. (Last) Riesmeyer

4. DATE OF DEATH (Month) (Day) (Year) Dec. 3, 1950

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Jan. 14 1878
9. AGE (In years last birthday) 72 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Augusta, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Fredrick Riesmeyer
13b. MOTHER'S MAIDEN NAME Emma Grumpke
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME Oscar Riesmeyer — ADDRESS Wellington, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal obstruction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Volvulus sigmoid
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

5905

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Gangrene bowel
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/2, 1950 *to* 12/3, 1950, *that I last saw the deceased alive on* 12/3, 1950, *and that death occurred at* 9:17 p.m. *from the causes and on the date stated above.*

23a. SIGNATURE J. A. Growdon (Degree or title) J. A. Growdon MD
23b. ADDRESS 1103 Grand K.C. 6 Mo
23c. DATE SIGNED 12/4/50

24a. BURIAL, CREMATION, REMOVAL (Specify) U
24b. DATE Dec. 3, 1950
24c. NAME OF CEMETERY OR CREMATORY St. Lukes Evangelical
24d. LOCATION (City, town, or county) Wellington, (State) Mo.

DATE REC'D BY LOCAL REG. 12-4-50
REGISTRAR'S SIGNATURE Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE Sheppard Funeral Home — ADDRESS Wellington Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. J. A. Crowden
Hi. 8222

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed J. Clair Shuppard

Licensed Embalmer No. 4179

P. O. Address Wellington, Mo.

Signed.....
Student Embalmer

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.