

FILED FEB 12 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 2007

0770
 1

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

BIRTH NO. _____ REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 5893 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Ozark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ozark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Howard Ridge, Lick-Creek TWP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural--Lick-Creek TWP-</u> <u>0770</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Howard Ridge, Mo-LickCreek Twp</u>		d. STREET ADDRESS (If rural, give location) <u>Ozark, Co. Mo-LickCreek Twp.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Maria</u> b. (Middle) <u>Dorthey</u> c. (Last) <u>Riewe</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-28--1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May-5-1883</u>
9. AGE (In years last birthday) <u>-67</u>		10. MONTHS <u>8</u> DAYS <u>23</u>	9. AGE (In years last birthday) <u>-67</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Stargard, Germany</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Herman Miller</u>	
13b. MOTHER'S MAIDEN NAME <u>Emma Lee Mutig</u>		14. NAME OF HUSBAND OR WIFE <u>Ernst Riewe</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Gertrud Koblitz, Elmherst, Ill.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Primary Anemia</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>M. J. Hoover</u> (Degree or title) <u>Coroner DD</u>		23b. ADDRESS <u>Gainesville, Mo</u>	
23c. DATE SIGNED <u>1-30-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>1/30/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Howard Ridge Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Ozark, Co Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gainesville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1-30-51</u>		REGISTRAR'S SIGNATURE <u>Lillian Cogswell</u> ADDRESS <u>405</u>	

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED FEB 7 1951

Dist. File 251-326

Date Filed 2-7-51

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 Charles A. Roof

Licensed Embalmer No. 3084

P. O. Address Springfield 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.