

FILED APR 20 1951

STANDARD CERTIFICATE OF DEATH

State File No. 11510

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 1036 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <b>BATES</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>BATES</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RICH HILL</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RICH HILL</b> <b>0570</b>	
c. LENGTH OF STAY (in this place) <b>3 YRS.</b>		d. STREET ADDRESS (If rural, give location) <b>105 E. PINE ST.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>105 E. PINE ST.</b>			

3. NAME OF DECEASED (Type or Print) **TSABELLE AUGUSTA-REICHEL**

4. DATE OF DEATH (Month) (Day) (Year) **APRIL-15-1951**

5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>NOV-11-1865</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>		11. BIRTHPLACE (State or foreign country) <b>CENTERTOWN MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		

13a. FATHER'S NAME **JOHN WEAVER**

13b. MOTHER'S MAIDEN NAME **NANCY HUDSON**

14. NAME OF HUSBAND OR WIFE **CHAS. REICHEL - (DECEASED)**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO** (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. **NONE**

17. INFORMANT'S SIGNATURE OR NAME **Mrs. Pearl Newman - Kansas City Mo** ADDRESS \_\_\_\_\_

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Suppurative bacterial vasculitis due to hypertension**

ANTECEDENT CAUSES (b) **Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.**

DUE TO (c) \_\_\_\_\_

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

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO  **442 X**

21a. ACCIDENT SUICIDE (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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **10:50** to **11:15**, 19**51**, that I last saw the deceased alive on **APR 14**, 19**51**, and that death occurred at **10:50 AM.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **[Signature]**

23b. ADDRESS **[Address]**

23c. DATE SIGNED **4/17/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL**

24b. DATE **APRIL-17-1951**

24c. NAME OF CEMETERY OR CREMATORY **GREEN LAWN CEM.**

24d. LOCATION (City, town, or county) (State) **RICH HILL - MISSOURI**

DATE REC'D BY LOCAL REG. **Apr. 17. 1951**

REGISTRAR'S SIGNATURE **[Signature]**

25. FUNERAL DIRECTOR'S SIGNATURE **[Signature]** ADDRESS **Booth Funeral Home, Rich Hill, Mo.**

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

096  
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**RECEIVED** 4-19-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 4-19-51 \_\_\_\_\_

**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 Grace T. Hill

Licensed Embalmer No. 4743

P. O. Address Butler, 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.