

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12663

FILED MAY 12 1952

BIRTH-NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 429

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Oregon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Thayer		0750	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1016 E. Locust Street		d. STREET ADDRESS (If rural, give location) /			
3. NAME OF DECEASED (Type or Print) FRED		a. (First) RICHARD		b. (Middle) RIEBOLD	
c. (Last) RIEBOLD		4. DATE OF DEATH May 2, 1952			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	
8. DATE OF BIRTH 20 July 1893		9. AGE (In years last birthday) 58		10. F UNDER 1 YEAR Months	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clergyman		10b. KIND OF BUSINESS OR INDUSTRY Church		11. BIRTHPLACE (State or foreign country) Huggins, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME George H. Riebold		13b. MOTHER'S MAIDEN NAME Hettie Beltz	
14. NAME OF HUSBAND OR WIFE Myrtle Riebold		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. ?	
17. INFORMANT'S SIGNATURE OR NAME H.A. Riebold, 821 S. Fremont Avenue, Springfield, Missouri.		ADDRESS			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of rectum with generalized metastases. DUE TO (b) DUE TO (c) Inanition		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 1 yr 1 yr	
19a. DATE OF OPERATION Dec. '37		19b. MAJOR FINDINGS OF OPERATION Ca Rectum = metast. to liver 154X		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 4/29, 1952, to 5/2, 1952, that I last saw the deceased alive on 5/1, 1952, and that death occurred at 2:48A m., from the causes and on the date stated above.					
23a. SIGNATURE Charles O. Lockhart, M.D.		23b. ADDRESS Springfield, Mo.		23c. DATE SIGNED 5/3/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4 May 1952		24c. NAME OF CEMETERY OR CREMATORY Dutch Chapel Cemetery	
24d. LOCATION (City, town, or county) (State) Maness, Missouri.		DATE REC'D BY LOCAL REG. 5-6-52			
REGISTRAR'S SIGNATURE James R. Amos, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Fred C. Thome, Springfield, Missouri			

(Licensed Embalmer) Statement on Reverse Side

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

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 Ralph H. Thiers

Signed.....  
Student Embalmer

Licensed Embalmer No. 3681

P. O. Address Springfield, Missouri

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.