

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32394

State File No.

742
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SEP 22 1952

BIRTH NO.		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 3048		Registrar's No. 218	
1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway			
b. CITY (If outside corporate limits, write RURAL and give town) Maryville		c. LENGTH OF STAY (In this place) 6 days		c. CITY (If outside corporate limits, write RURAL and give township) Maryville		6742	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital				d. STREET ADDRESS (If rural, give location) 222 West 7th			
3. NAME OF DECEASED (Type or Print) a. (First) ALICE		b. (Middle) A.		c. (Last) REIMER		4. DATE OF DEATH (Month) (Day) (Year) 9 10 52	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7/18/85		9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 0	IF UNDER 4 HRS. Days 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Thomas O'Beirn		13b. MOTHER'S MAIDEN NAME Catherine Devereaux		14. NAME OF HUSBAND OR WIFE Thomas Reimer			
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 494-32-5038		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. James Ray, Hammond, Indiana			
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) Dr. subacute cause ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) acute cystitis DUE TO (c) acute pyelonephritis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. hypertension					INTERVAL BETWEEN ONSET AND DEATH 4 days 4 days 4 days ?	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 260x					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 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 Sept. 6, 1952 to Sept. 10, 1952 , that I last saw the deceased alive on Sept. 10, 1952 , and that death occurred at 9:40 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M. D.				23b. ADDRESS Maryville, Missouri		23c. DATE SIGNED 9/11/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/13/52		24c. NAME OF CEMETERY OR CREMATORY Lennox Ceme.		24d. LOCATION (City, town, or county) (State) Lenox, Iowa	
DATE REC'D BY LOCAL REG. 9-20-52		REGISTRAR'S SIGNATURE Bess Bolt		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.			

(Licensed Embalmer's 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.....

Clayton M. Price

Signed.....
Student Embalmer

Licensed Embalmer No. *1822*

P. O. Address *Maryville 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.