

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42792

State File No.

100
1

DEC 31 1952

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5714 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pineville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pineville</u> <u>1601</u>	
c. LENGTH OF STAY (in this place) <u>30 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>		b. (Middle) <u>Ehnen</u> (Last) <u>Rihh</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>10-16-1952</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>D. 3</u>	8. DATE OF BIRTH <u>3-11-1877</u>
9. AGE (in years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>5</u>	IF UNDER 24 HRS. Hours <u>5</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>JAME</u>	
11. BIRTHPLACE (State or foreign country) <u>STONE Co., Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>R. R. STEEHE</u>		13b. MOTHER'S MAIDEN NAME <u>Behia Rhodes</u>	
14. NAME OF HUSBAND OR WIFE <u>W. J. Rihh</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>W. J. Rihh</u>		ADDRESS <u>Pineville Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ruber Pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Central Hemorrhage</u>			<u>5 days</u>
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 <u>331X</u>	
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) (Min.)	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 <u>10/11</u> , 19 <u>52</u> , to <u>10/16</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>10/15</u> , 19 <u>52</u> , and that death occurred at <u>2:00 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Scott Bassel M.D.</u> (Degree or title)		23b. ADDRESS <u>Genevill Mo.</u>	23c. DATE SIGNED <u>12/20/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>10-18-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>STEEHE CEM</u>	24d. LOCATION (City, town, or county) (State) <u>Pineville Mo</u>
DATE REC'D BY LOCAL REG. <u>12-21-52</u>	REGISTRAR'S SIGNATURE <u>Marye Humphrey</u> <u>423-70</u>	25. FEDERAL DIRECTOR'S SIGNATURE <u>P. M. Humphrey</u> ADDRESS <u>Genevill, Mo.</u>	

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 *H. M. Humphrey Jr.*

Licensed Embalmer No. *14708*

P. O. Address *Noel 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.