

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2495

State File No.

BIRTH NO. 1AN 26 1953 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 25

804

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u> c. LENGTH OF STAY (in this place) <u>8 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u> <u>0804</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>117 S. Grand</u>		d. STREET ADDRESS (If rural, give location) <u>117 S. Grand</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Snyder</u> b. (Middle) <u>Reichel</u> c. (Last) <u>Reichel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 15, 1953</u>		
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5. SEX <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 18, 1912</u>	9. AGE (In years last birthday) <u>40</u> if UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> if UNDER 1 MIN. Hours <u>0</u> Mins. <u>0</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Colgate-Palmolive Soap Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Highpoint, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Carl Reichel</u>		13b. MOTHER'S MAIDEN NAME <u>Bess Snyder</u>		14. NAME OF HUSBAND OR WIFE <u>Lois Reichel</u>	
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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>195-05-8867</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lois Reichel, Sedalia, Mo.</u> ADDRESS	
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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.			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial infarction</u>			DUPLICATE OF (a) <u>acute myocarditis</u>			<u>5 minute</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>influenza</u>			DUE TO (c) <u>chronic myocarditis</u>			<u>12 hours</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>1 week</u>		
						<u>2 1/2 yrs.</u>		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>480X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from 6-2, 1950, to 1/15, 1953, that I last saw the deceased alive on 1/15, 1953, and that death occurred at 5:15P m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Sedalia, Mo.</u>		23c. DATE SIGNED <u>1/17/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/17/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>1-17-1953</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Sedalia Mo</u>	
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251/- 0

(Licensed Embalmer's Statement on Reverse Side)

GILLESPIE FUNERAL HOME
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 14 1933

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 *Russell C. Maas*

Licensed Embalmer No. *4804*

P. O. Address *Sedalia, 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.