

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

38491

State File No. ....

FILED DEC 14 1953

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 176

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Texas</u> b. COUNTY <u>Tarrant</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisonville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ft Worth</u> <u>8420</u>	
c. LENGTH OF STAY (in this place) <u>8 days</u>		d. STREET ADDRESS (If rural, give location) <u>3404 Howard</u> <u>8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Lewis</u> c. (Last) <u>Reiche</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-7-1953</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>10-11-1874</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>druggist</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Germany</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Leudwig Reiche</u>		

13b. MOTHER'S MAIDEN NAME <u>Amaha Kleinburg</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs Pearl Reiche</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes national guards</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Pearl Reiche</u>			
ADDRESS <u>Fort Worth Texas</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>URemia - Chronic Nephritis</u>		DUE TO (b) <u>Cerebral &amp; Renal Arteriosclerosis</u>			
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Concussion - E90021</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <u>✓</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Fell down steps</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>HARRISONVILLE Cass MO</u>
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? <u>BECAME DIZZY &amp; FELL DOWN STEPS</u>

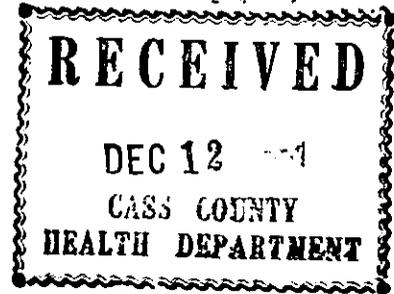
22. I hereby certify that I attended the deceased from Dec 1, 1953, to Dec 7, 1953, that I last saw the deceased alive on Dec 7, 1953, and that death occurred at 5 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>H J Jurgel MD</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Harrisonville MO</u>	23c. DATE SIGNED <u>12-8-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-9-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Pleasant Hill, Mo.</u>

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Dec 7, 1953</u> <u>Dora Barua</u>	457-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen W Brownfield</u>	ADDRESS <u>Pleasant Hill Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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



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**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 Allen W. Beverland

Licensed Embalmer No. 3785

P. O. Address Plummet Hill, 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.