

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

5523

State File No.

BIRTH NO. **FILED MAR 1 1954** REG. DIST. NO. **227** PRIMARY REG. DIST. NO. **5807** Registrar's No. **13**

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | |
| a. COUNTY Monroe | | a. STATE Missouri b. COUNTY Monroe | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Middle Grove | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 0690 | |
| c. LENGTH OF STAY (in this place) 3 yrs | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1122 - 1222 W. 1st | | | |

| | | | | | |
|--|--|--|--|--|--|
| 3. NAME OF DECEASED (First) (Middle) (Last) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | |
| Richard Rieseritz | | | Feb 21-1954 | | |
| (Type or Print) | | | | | |

| | | | | | | |
|------------------------------|---|---|---|--|--|--|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 8-20-83 | 9. AGE (In years last birthday) 71 | IF UNDER 1 YEAR Months 0 Days 0 | IF UNDER 24 HRS. Hours 0 Min. 0 |
|------------------------------|---|---|---|--|--|--|

| | | | |
|---|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (State or foreign country) Germany | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
|---|--|--|--|

| | | |
|---|--|---|
| 13a. FATHER'S NAME Unknown | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Sophie |
|---|--|---|

| | | | |
|--|---|--|-------------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Mr. P. H. McManama | ADDRESS 300 W. 1st |
|--|---|--|-------------------------------------|

| | | | |
|--|--|--|---|
| 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, asphyxia, 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) Coronary heart disease | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. 4201 | | | |

| | | |
|-------------------------------|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

| | | |
|---|--|---|
| 23a. SIGNATURE (Degree or title) W. O. ... | 23b. ADDRESS Paris, Mo. | 23c. DATE SIGNED 2/24/54 |
|---|--|---|

| | | | |
|--|---|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE Feb 23, 1954 | 24c. NAME OF CEMETERY OR CREMATORY Middle Grove | 24d. LOCATION (City, town, or county) (State) Middle Grove, Mo. |
|--|---|--|--|

| | | | |
|---|---|---|----------------------------------|
| DATE REC'D BY LOCAL REG. 2/24/54 | REGISTRAR'S SIGNATURE F. A. Barnett M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE W. O. ... | ADDRESS Madison |
|---|---|---|----------------------------------|

No. 300
10.48
90
1
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 9 1954

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 _____

Licensed Embalmer No. 1920

P. O. Address _____

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.