

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

9695

State File No.

Registrar's No.

FILED MAR 19 1954

REG. DIST. NO. 293 PRIMARY REG. DIST. NO. 443

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

No. 300
10.48
870
MAR 19 1954

1. PLACE OF DEATH a. COUNTY <u>Ralls</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u> </u>		c. CITY OR TOWN <u> </u>	
c. LENGTH OF STAY (in this place) <u> </u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence R. R # 1</u>		e. STREET ADDRESS (If rural, give location) <u>P R # 1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frederick Henry</u> b. (Middle) <u>Riefesel</u> c. (Last) <u> </u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 10, 1954</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>January 30, 1954</u>
9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>10</u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u> </u>	
11. BIRTHPLACE (City and State of Foreign Country) <u>Ralls County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>Frederick Riefesel</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Pabst</u>	
14. NAME OF HUSBAND OR WIFE <u>Maud Cooper Riefesel</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W W I</u>		16. SOCIAL SECURITY NO. <u> </u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Frederick Riefesel Hannibal</u>		ADDRESS <u>Missouri</u>	
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) <u>Carcinoma (Primary Tongue)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>February 1953</u>	
ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		DUE TO (b) <u> </u>	
DUE TO (c) <u> </u>			
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			
19a. DATE OF OPERATION <u> </u>		19b. MAJOR FINDINGS OF OPERATION <u>141 X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u> </u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u> </u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u> </u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u> </u>			
22. I hereby certify that I attended the deceased from <u>2/13, 1953</u>, to <u>3/9, 1954</u>, that I last saw the deceased alive on <u>3/9, 1953</u>, and that death occurred at <u>5:50 A. M.</u>, from the causes and on the date stated above.			
23a. SIGNATURE <u>Lam A. Buchanan M.D.</u>		23b. ADDRESS <u>504 Broadway Hannibal Mo.</u>	
23c. DATE SIGNED <u>3/17/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/12/54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Grand View Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u>	
DATE REC'D BY LOCAL REG <u>Mar-17-1954</u>		REGISTRAR'S SIGNATURE <u>Grace Conn.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u> </u>		ADDRESS <u>Hannibal Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

APR 22 1954

MAR 24 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.....
Signature of Student Embalmer

Signed *H. Crawford Smith*

Licensed Embalmer No..... 7814

P. O. Address Hannibal, Miss.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.