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.48

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

FILED MAR 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11044

BIRTH NO. _____ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4552 Registrar's No. 16

1. PLACE OF DEATH
a. COUNTY: WRIGHT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MTN GROVE
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: WRIGHT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MTN GROVE, MO
d. STREET ADDRESS (If rural, give location): EAST FIRST ST.

3. NAME OF DECEASED (Type or Print)
a. (First): MAUD
b. (Middle): L.
c. (Last): REICHART

4. DATE OF DEATH (Month) (Day) (Year): MARCH 3, 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: AUG 14, 1880
9. AGE (In years last birthday): 73
If UNDER 1 YEAR: Months: 6 Days: 19
If UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House
10b. KIND OF BUSINESS OR INDUSTRY: Keeper.
11. BIRTHPLACE (City and State or Foreign Country): HOPKINTON, IOWA
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: HOMER DANT
13b. MOTHER'S MAIDEN NAME: CLARA KING.
14. NAME OF HUSBAND OR WIFE: ADAM REICHART

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: MRS. FLORENCE HANNAN
ADDRESS: MTN GROVE

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) Diabetes Mellitus — INTERVAL BETWEEN ONSET AND DEATH: 5 to 6 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension

DUE TO (c) Age Infirmities of

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: 444X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-23-, 1949, *to* 3-3-, 1954, *that I last saw the deceased alive on* 3-3-, 1954 *and that death occurred at* 11:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. G. Frauenheim (Degree or title): M.D.
23b. ADDRESS: 311 Grand St. Mtn Grove Mo.
23c. DATE SIGNED: 3/6/54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 3-6-1954
24c. NAME OF CEMETERY OR CREMATORY: HILLCREST
24d. LOCATION (City, town, or county) (State): MTN. GROVE, MO.

DATE REC'D BY LOCAL REG.: 3-8-54
REGISTRAR'S SIGNATURE: A. B. Ames
348-D
25. FUNERAL DIRECTOR'S SIGNATURE: Grable-Windle
ADDRESS: Mtn Grove Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAR 15 1954
WRIGHT CO. HEALTH DEPT.
County File Number 354-39
Date Filed MAR 20 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 Frank Grable

Licensed Embalmer No. 4149

P. O. Address Mtn Grove

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.