

FILED JUL 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **18397**BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **4144** Registrar's No. **54**

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY OR TOWN Pilot Grove	c. LENGTH OF STAY (in this place) 69 yrs	c. CITY OR TOWN Pilot Grove	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION. _____		e. STREET ADDRESS (If rural, give location) 2270	

3. NAME OF DECEASED (Type or Print) IDA - MARGARET - RIES			4. DATE OF DEATH (Month) (Day) (Year) June 24, 54		
a. (First)	b. (Middle)	c. (Last)			

5. SEX Female	6. COLOR OR RACE wh	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) widowed	8. DATE OF BIRTH July 1, 1884	9. AGE (years) (Months) (Days) (Hours) (Min.) 69
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY same	11. BIRTHPLACE (City and State or Foreign Country) Pilot Grove, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Pearson Schneck	13b. MOTHER'S MAIDEN NAME Nettie Mueller	14. NAME OF HUSBAND OR WIFE John H. Ries
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war & dates of service) no	16. SOCIAL SECURITY NO. L	17. INFORMANT'S SIGNATURE OR NAME Edward Ries, Pilot Grove, Mo	ADDRESS Pilot Grove, Mo
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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 5 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 260 X	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)	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 **June 27, 1954**, to **June 24, 1954**, that I last saw the deceased alive on **June 24, 1954** and that death occurred at **9:42 pm.**, from the causes and on the date stated above.

23a. SIGNATURE Connelly	(Degree or title) Do 2	23b. ADDRESS Pilot Grove Mo	23c. DATE SIGNED 6-25-54
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24a. BURIAL CREMATION REMOVAL (Specify)	24b. DATE June 27, 54	24c. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery	24d. LOCATION (City, town, or county) (State) Pilot Grove, Mo
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DATE REC'D BY LOCAL REG. June 26, 54	REGISTRAR'S SIGNATURE D. Hopper	25. FUNERAL DIRECTOR'S SIGNATURE Harry Painter	ADDRESS Pilot Grove, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

270

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 *Robert L. Paine*.....

Licensed Embalmer No. *4006*.....

P. O. Address *Pilot Grove*.....

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.