

FILED OCT 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30792
4369

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

c. CITY OR TOWN Kansas City
d. Is Residence within limits of a city or incorporated town? Yes No

c. LENGTH OF STAY (In this place) 70 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION 1210 West 69th Terr.

e. STREET ADDRESS (If rural, give location) 1210 West 69th Terr. 2878

3. NAME OF DECEASED (Type or Print)
a. (First) MARY b. (Middle) E. c. (Last) RIEHL

4. DATE OF DEATH (Month) (Day) (Year)
Sept. 13, 1954

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH Feb. 26, 1865

9. AGE (In years last birthday) 89
UNDER 1 YEAR Months Days # UNDER 24 HRS. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State, or Foreign Country) Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME --- Moeller

14. NAME OF HUSBAND OR WIFE Emil Riehl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Fred Johnson, 1210 W. 69 Terr., K.C., Mo.

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage
ANTECEDENT CAUSES
DUE TO (b) Old age - arteriosclerosis
DUE TO (c) arteriosclerosis
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension on and off

INTERVAL BETWEEN ONSET AND DEATH 16 hours
33

19a. DATE OF OPERATION no

19b. MAJOR FINDINGS OF OPERATION no

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 January 10, 1944, to 9/13, 1954 that I last saw the deceased alive on 9/13, 1954, and that death occurred at 9:10 PM from the causes and on the date stated above.

23a. SIGNATURE Nestor J. Wilson (Degree or title) Nestor J. Wilson M.D.

23b. ADDRESS 233 Plaza Fine Bldg.

23c. DATE SIGNED 9/13/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9-16-54

24c. NAME OF CEMETERY OR CREMATORY Mt. Washington

24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. 9-13-54

REGISTRAR'S SIGNATURE Neva Minchall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE UND. CO.

K.C.MO.

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

STATEMENT BY LICENSED EMBALMER

J.T.

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 *J. H. Crowell*.....

Licensed Embalmer No. *490*

P. O. Address *K.C. Me...*

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.