

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

**40364**

State File No. ....  
Registrar's No. **202**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4099**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Cass</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Pleasant Hill</b>		c. CITY OR TOWN <b>Pleasant Hill</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>17 years</b>		e. STREET ADDRESS (If rural, give location) <b>100 Myrtle</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>100 Myrtle</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Edward</b> b. (Middle) _____ c. (Last) <b>Rieder</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>12-15-1954</b>		
<b>5. SEX</b> <b>male</b>		<b>6. COLOR OR RACE</b> <b>white</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>married</b>	
<b>8. DATE OF BIRTH</b> <b>6-10-1889</b>			<b>9. AGE</b> (In years last birthday) <b>65</b>		<b>10. IF UNDER 1 YEAR</b> Months _____ Days _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>printer</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Ponsett Co. Ark.</b>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A</b>					

<b>13a. FATHER'S NAME</b> <b>James Rieder</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary Bowers</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Daisy Rieder</b>	
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		<b>16. SOCIAL SECURITY NO.</b> <b>510-09-8129</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs Daisy Rieder Pleasant Hill</b>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Acute coronary occlusion</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>2 hrs.</b>
		<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION.</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>4201 Pleasant Hill, Mo.</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____ m.		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from 25 Jan 1954 to 12-15, 1954, that I last saw the deceased alive on 12-15, 1954, and that death occurred at 1:30 A m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>Allen Bumpf M.D.</b>		<b>23b. ADDRESS</b> <b>Pleasant Hill, Mo.</b>		<b>23c. DATE SIGNED</b> <b>12-17-54</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>12-17-1954</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Pleasant Hill Cem</b>	
				<b>24d. LOCATION</b> (City, town, or county) (State) <b>Pleasant Hill Mo.</b>	

<b>DATE REC'D BY LOCAL REG.</b> <b>Dec 20, 54</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Worw Barward</b> <b>45770</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Allen Bumpf</b>	
				<b>ADDRESS</b> <b>Pleasant Hill Mo</b>	

No. 300  
10.48  
99-1  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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 Byron Jr. Bell....., Student Embalmer No. 509..... working under my personal supervision..

Student Byron Jr. Bell.....  
Signature of Student Embalmer

Signed Allen Bunsford.....

Licensed Embalmer No. 378.....

P. O. Address Plumtree, Va.....

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.