

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5473

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4285 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY LEWIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LEWIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEWISTOWN		c. LENGTH OF STAY (in this place) XXXX	c. CITY OR TOWN LEWISTOWN
d. FULL NAME OF HOSPITAL OR INSTITUTION XXXXXXXXXXXXXXXX		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) FELICIA c. (Last) RIEGEL		4. DATE OF DEATH (Month) (Day) (Year) FEB. 10, 1955	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 10/25/1883
9. AGE (In years Last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	11. BIRTHPLACE (City and State or Foreign Country) BELVILLE, ILLINOIS
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME JAMES DANIELS	
13b. MOTHER'S MAIDEN NAME MARGARET KECKNER		14. NAME OF HUSBAND OR WIFE AUGUST RIEGEL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. XXXXXXXX	17. INFORMANT'S SIGNATURE OR NAME MRS. CHESTER BATTLES
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 18a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Venous Thrombosis Veinoly DUE TO (c) Hypertension 18b. 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 466x	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH 10 minutes	
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug, 1953, to 10 Feb, 1955, that I last saw the deceased alive on 10 Feb, 1955, and that death occurred at DOB m., from the causes and on the date stated above.			
23a. SIGNATURE John W Wells (Degree or title) DO		23b. ADDRESS Lewistown Mo	23c. DATE SIGNED 12 Feb 55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2/14/55	24c. NAME OF CEMETERY OR CREMATORY TRENTON	24d. LOCATION (City, town, or county) (State) TRENTON, ILLINOIS
DATE REC'D BY LOCAL REG. 2-14-55	REGISTRAR'S SIGNATURE P. W. Jennings, M.D. E.L.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles L. Conroy, Lewistown, Mo.	

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

FEB 23 1950

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.....
Charles L. Arnold, Jr.

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, M.

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.