

FILED APR 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7568**

BIRTH NO. _____ REG. DIST. NO. **64** PRIMARY REG. DIST. NO. **4110** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY Chariton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Chariton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salisbury	c. LENGTH OF STAY (In this place) 11 yrs	c. CITY OR TOWN Salisbury	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: 606 College St.		e. STREET ADDRESS (If rural, give location) 606 College St.	

3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) Idler c. (Last) Rieman			4. DATE OF DEATH (Month) (Day) (Year) April 6 1955		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 23, 1879	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Insurance		10b. KIND OF BUSINESS OR INDUSTRY Fire Ins. Exct.		11. BIRTHPLACE (City and State or Foreign Country) Trenton, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Charles Rieman		13b. MOTHER'S MAIDEN NAME Anna Simmen		14. NAME OF HUSBAND OR WIFE Alice Stewart Rieman	
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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. XX	17. INFORMANT'S SIGNATURE OR NAME Mrs. Alice Rieman	ADDRESS Salisbury, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) generalized arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4221		INTERVAL BETWEEN ONSET AND DEATH 2 yrs 8 yrs	
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19a. DATE OF OPERATION 1952	19b. MAJOR FINDINGS OF OPERATION Prostatectomy - Benign Hypertrophy			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 building, etc.)	21c. (CITY, TOWN, OR TOWNSHIP) COUNTY STATE
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 20 1945** to **April 6, 1955**, that I last saw the deceased alive on **April 5, 1955**, and that death occurred at **2 A.M.** from the causes and on the date stated above.

23a. SIGNATURE J. R. Horn (Degree or title) MD		23b. ADDRESS Salisbury, Mo.		23c. DATE SIGNED 4/6/55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 8, 55	24c. NAME OF CEMETERY OR CREMATORY Salisbury City Cem.	24d. LOCATION (City, town, or county) (State) Salisbury, Missouri		
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DATE REC'D BY LOCAL REG. 4-7-55	REGISTRAR'S SIGNATURE W. R. ...	25. FUNERAL DIRECTOR'S SIGNATURE Chas B Winkelmeyer	ADDRESS Salisbury, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

1951 MAY 8 AM

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..... *Chas B. Winkelmayer*

Licensed Embalmer No. *384*

P. O. Address... *Salisbury,*

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.