

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14888**
Registrar's No. _____

No. 300
10-48

FILED JUN 13 1955

BIRTH NO. _____ REG. DIST. NO. **52** PRIMARY REG. DIST. NO. **5182**

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

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Gir	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Shownee		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson Mo R F D I		d. STREET ADDRESS (If rural, give location) Jackson Mo R F D I	

3. NAME OF DECEASED (Type or Print) Louis Gottlirb Reisenbichler	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) June 6 1955
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5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 26 1869	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 5 Days 19	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Pocahontas Mo	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME Gottlieb Reisenbichler	13b. MOTHER'S MAIDEN NAME Marie Putz	14. NAME OF HUSBAND OR WIFE Nenettie Pfisterer
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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. None	17. INFORMANT'S SIGNATURE OR NAME W A Reisenbichler	ADDRESS Jackson Mo R I
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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 10 hrs. 15 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) 331X		
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	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) (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 **Sept 20 1954**, to **June 5, 1955**, that I last saw the deceased alive on **June 5, 1955**, and that death occurred at **11:05 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE J. N. Jaeger M.D. (Degree or title)	23b. ADDRESS Jackson, Mo.	23c. DATE SIGNED 6-6-55
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24a. BURIAL CREMATION, BURIAL (Specify)	24b. DATE June 8 1955	24c. NAME OF CEMETERY OR CREMATORY Zeion Lutheran	24d. LOCATION (City, town, or county) (State) Pocahontas Mo
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DATE REC'D BY LOCAL REG. 6/7/55	REGISTRAR'S SIGNATURE H. L. Seabough	518-0	25. FUNERAL DIRECTOR'S SIGNATURE McCamb	ADDRESS Jackson Mo
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EX AUG 28 1956

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
Student Embalmer

Signed _____

BA Meyer

Licensed Embalmer No. 3057

P. O. Address Jackson Mo.

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 this body is not embalmed, fact should be so stated above.