

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
FILED AUG 29 1955 STANDARD CERTIFICATE OF DEATH

DR. W. W. JOHNSON
State File No. 25864

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 738

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. LENGTH OF STAY (in this place) 2 HRS.	c. CITY OR TOWN SPRINGFIELD
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		e. STREET ADDRESS (If rural, give location) 1030 E. PORTLAND	

3. NAME OF DECEASED (Type or Print) a. (First) FRANCIS b. (Middle) HENRY c. (Last) RIETMAN			4. DATE OF DEATH (Month) (Day) (Year) AUG. 21 1955
--	--	--	--

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV. 25, 1900	9. AGE (In years last birthday) Months Days Hours Min. 54
-----------------------	----------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DISTRICT MANAGER INTERNATIONAL HARVESTER CO.		10b. KIND OF BUSINESS OR INDUSTRY INTERNATIONAL HARVESTER CO.	11. BIRTHPLACE (City and State or Foreign Country) MARION, INDIANA	12. CITIZEN OF WHAT COUNTRY? USA
--	--	---	--	--

13a. FATHER'S NAME HENRY RIETMAN	13b. MOTHER'S MAIDEN NAME EMMA J.	14. NAME OF HUSBAND OR WIFE MARGARET RIETMAN
--	---	--

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. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. MARGARET RIETMAN SPRINGFIELD, 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 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardiovascular disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 443X		INTERVAL BETWEEN ONSET AND DEATH 2 days
---	--	--	---

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
------------------------	----------------------------------	---	--

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) (Min.)	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 **10-21, 1953**, to **8-21, 1955**, that I last saw the deceased alive on **8-21, 1955**, and that death occurred at **2:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. W. Johnson M.D.	23b. ADDRESS Springfield, Mo.	23c. DATE SIGNED 8-22-55
---	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 8/23/55	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) AMARILLO, TEXAS
---	-----------------------------	------------------------------------	---

DATE REC'D BY LOCAL REG. 8-22-55	REGISTRAR'S SIGNATURE Edith Williamson	25. JUDICIAL DIRECTOR'S SIGNATURE ADDRESS Springfield, MO.
--	--	--

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

SEP 15 1957

SEP 8

JUN 13 1957

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 *Walter E. Hamlett*

Licensed Embalmer No... 3808

P. O. Address... SPRINGFIELD,

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.