

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34275

State File No.

FILED NOV 7 1955

BIRTH NO.		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>252</u>		Registrar's No. <u>283</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u> b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Sedalia</u> c. LENGTH OF STAY (In this place) <u>1</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Nursing Home</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u> c. CITY OR TOWN <u>Flat Creek Township Springfork</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/4 Mile West of Springfork</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LINNIE</u> b. (Middle) <u>RIECKE</u> c. (Last) <u>RIECKE</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 29, 1955</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 7, 1877</u>	
9. AGE (In years last birthday) <u>77</u>		10. AGE (In years last birthday) <u>77</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Pettis County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Willis Warren</u>				13b. MOTHER'S MAIDEN NAME <u>Rachael Elizabeth Burris</u>		14. NAME OF HUSBAND OR WIFE <u>Max Riecke</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Max Riecke, Springfork, Mo.</u>	
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) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Perinicious anemia 1942</u> DUE TO (c) <u>2900F</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Apr 1955 - fell c</u> <u>another hemorrhage</u>			
19a. DATE OF OPERATION <u>none</u>				19b. MAJOR FINDINGS OF OPERATION <u>another hemorrhage</u>			
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) <u>Springfork</u>		21d. (STATE) <u>Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>11-1-55</u>		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2542</u> , 19 <u>11</u> , to <u>Oct. 14</u> , 1955, that I last saw the deceased alive on <u>Oct. 14</u> , 1955, and that death occurred at <u>9 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>SP Byer</u> (Degree or title) <u>M. D.</u>				23b. ADDRESS <u>Sedalia, Missouri</u>		23c. DATE SIGNED <u>Nov. 1, 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/1/1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Antioch Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pettis Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-1-55</u>		REGISTRAR'S SIGNATURE <u>Quinn Coons, Jr.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Eckhart, Sedalia, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Russell C. Maag*.....

Licensed Embalmer No.....⁴⁸

P. O. Address *Seaside*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.