

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20685

State File No. 2677

FILED JUL 5 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1602 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. LENGTH OF STAY (in this place) 70 yrs.	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		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) John		b. (Middle) Joseph	c. (Last) Riedl
4. DATE OF DEATH (Month) (Day) (Year) 6 16 1956		5. SEX Male	
6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 15, 1876	9. AGE (In years last birthday) 79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Elevator Opr		10b. KIND OF BUSINESS OR INDUSTRY Jones Store Co	11. BIRTHPLACE (City and State or Foreign Country) Frankfort, Germany
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Riedl	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Emma B. Riedl	
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. 496-07-9391	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Emma B. Riedl		ADDRESS 1311 W. 21st St.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident ANTECEDENT CAUSES MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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"/>		INTERVAL BETWEEN ONSET AND DEATH 33 1/2	
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 (Month) (Day) (Year) (Hour) OF INJURY	
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 <u>June 13, 1956</u> , to <u>June 16, 1956</u> , that I last saw the deceased alive on <u>June 16, 1956</u> , and that death occurred at <u>9 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE B. I. Burns (Degree or title) M.D.		23b. ADDRESS 24th & Cherry	
23c. DATE SIGNED 6-18-56		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 6-19-56		24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery	
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		DATE REC'D BY LOCAL REG. 6-18-56	
REGISTRAR'S SIGNATURE newa minshall		25. FUNERAL DIRECTOR'S SIGNATURE QUIRK & TOBIN	
ADDRESS 20 W. Linwood K.C. Mo			

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 Thomas D. Koehler, Student Embalmer No. 57 working under my personal supervision.

Student Thomas D. Koehler
Signature of Student Embalmer

Signed James P. McElroy
Licensed Embalmer No. 111

P. O. Address 710 S. 1st St.

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.