

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 29 1956

State File No. **22509**

BIRTH NO. _____ REG. DIST. NO. **328** PRIMARY REG. DIST. NO. **3073** Registrar's No. **23**

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY SCOTT	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CHAFFEE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CHAFFEE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 410 So. THIRD ST.		d. STREET ADDRESS (If rural, give location) 410 So. THIRD ST.	

3. NAME OF DECEASED (Type or Print) a. (First) ALVIN b. (Middle) EDWARD c. (Last) RIEHL			4. DATE OF DEATH (Month) (Day) (Year) JUNE 17, 1956		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 1, 1917	9. AGE (In years last birthday) 39	if UNDER 1 YEAR Months 2 Days 76
10a. USUAL OCCUPATION (Give kind of work or business, or profession, or occupation, or thing he does, even if retired) DENTIST		10b. KIND OF BUSINESS OR INDUSTRY PROFESSIONAL		11. BIRTHPLACE (State or foreign country) CAPE GIRARDEAU, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME ANDREW F. RIEHL		13b. MOTHER'S MAIDEN NAME LOUISE AUGUSTA RIEHL		14. NAME OF HUSBAND OR WIFE JANICE JANE RIEHL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME JANICE JANE RIEHL - CHAFFEE, Mo. ADDRESS _____	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1 hour
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) not known		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 4201
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 **June 17, 1956**, to **June 17, 1956**, that I last saw the deceased alive on **June 17, 1956**, and that death occurred at **2:30pm.**, from the causes and on the date stated above.

23a. SIGNATURE W.O. Finney (Degree or title) M.D.		23b. ADDRESS B. & L. Bldg. Chaffee		23c. DATE SIGNED June 18, 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-19-1956	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	24d. LOCATION (City, town, or county) (State) CAPE GIRARDEAU, Mo.		
DATE REC'D BY LOCAL REG. 6-21-56	REGISTRAR'S SIGNATURE Mrs Paul Bisplinghoff	25. FUNERAL DIRECTOR'S SIGNATURE Bisplinghoff FUNERAL HOME CHAFFEE, Mo. ADDRESS _____			

(Licensed Embalmers' Statement on Reverse Side)

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

445

JUN 25 1951

DATE RECEIVED _____

SCOTT CO. HEALTH DEPT.

CO. FILE No. 656-143

JUN 29 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

Jack J. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, 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.