

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5143 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>	
b. CITY OR TOWN <u>RURAL</u>		c. CITY OR TOWN <u>MARQUAND</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		. STREET ADDRESS (If rural, give location) <u>0620</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pap Creek Trip</u>			

3. NAME OF DECEASED (Type or Print)		a. (First) <u>DORA</u>	b. (Middle) <u>ELLEN</u>	c. (Last) <u>Reimer</u>	4. DATE OF DEATH <u>8-31-56</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>3-16-1877</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>5</u> Days <u>15</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>MARQUAND MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>J. H. RICKMAN</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH-HINDMAN</u>		14. NAME OF HUSBAND OR WIFE		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Ms. Helen Reed Neumann Mo.</u>		ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		DUE TO (b) <u>Chronic hypertension &amp; myocarditis</u>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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"/>
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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)
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?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on 8/29, 1956, and that death occurred at 6:15 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. Grooman</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Federicktown Mo</u>	23c. DATE SIGNED <u>9/1/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>9-2-1956</u>	<u>Kinders Chapel</u>	<u>Bellvue Co. - MO</u>

DATE REC'D BY LOCAL REG. <u>9-1-1956</u>	REGISTRAR'S SIGNATURE <u>Therese Hicks</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed. Roman</u>	ADDRESS <u>Neumann Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

MADISON COUNTY HEALTH DEPT.  
FREDRICKTOWN, MO.

RECEIVED  
SEP 4 - 1956  
RECEIVED  
FILE NO. 956-38

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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 *Raymond Wilson*

Licensed Embalmer No. *4884*

P. O. Address *Fredricktown*

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.