

FILED OCT 29 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **34630**

BIRTH NO. _____		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>4273</u>		Registrar's No. <u>81</u>			
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>					
b. CITY OR TOWN <u>Concordia</u>		c. LENGTH OF STAY (In this place) <u>11 DAYS</u>		c. CITY OR TOWN <u>Blackburn Missouri</u>		d. STREET ADDRESS (If rural, give location) <u>0971</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1108 MAIN</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Flora</u> b. (Middle) <u>Dorothea</u> c. (Last) <u>Reith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 8 1956</u>						
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>JAN 11 1876</u>		9. AGE (In years last birthday) <u>80</u>	10 UNDER 1 YEAR Months <u>8</u> Days <u>27</u>	11 UNDER 1 MIN. Hours _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY <u>House Wife</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>William Kobs</u>			13b. MOTHER'S MAIDEN NAME <u>Christine Junglaus</u>		14. NAME OF HUSBAND OR WIFE <u>John H. Reith, Dec.</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Arthur E. H. Sieman Blackburn Mo</u>					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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Failure</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis</u>					
				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"/>			
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) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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>10/2/56</u> , to <u>10/8/56</u> , that I last saw the deceased alive on <u>10/8/56</u> , and that death occurred at <u>7:15 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Edmund Kirsch M.D.</u> (Degree or title)				23b. ADDRESS <u>Concordia, Mo.</u>		23c. DATE SIGNED <u>10/10/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 10 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>San Lutheran Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Blackburn, Mo</u>				
DATE REC'D BY LOCAL REG. <u>Oct. 15-1956</u>		REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed Under</u> ADDRESS <u>Joplinville, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

154

**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, ~~only~~.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed Wm. L. Thurman.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 4563.....

P. O. Address Piedmont, 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.