

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40966**
Registrar's No. **369**

FILED DEC 24 1956

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **5303**

1. PLACE OF DEATH
a. COUNTY **COLE** *Jefferson Township*

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE **MISSOURI** b. COUNTY **COLE**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **JEFFERSON CITY, MO.** c. LENGTH OF STAY (in this place) **40 Yrs**

c. CITY OR TOWN **Jefferson City, Mo.** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **R. R. # 4**

f. STREET ADDRESS (If rural, give location) **RR # 4** *0260*

3. NAME OF DECEASED (Type or Print)
a. (First) **JOSEPH** b. (Middle) **REISDORF** c. (Last) **REISDORF**

4. DATE OF DEATH (Month) (Day) (Year)
DEC. 18, 1956

5. SEX **Male** 6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH **May 20, 1883**

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.
73 **6** **23**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country)
Lohman, Mo.

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME **William Reisdorf**

13b. MOTHER'S MAIDEN NAME **Unknown**

14. NAME OF HUSBAND OR WIFE **Pauline Kaiser**

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.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. Pauline Reisdorf J C Mo.

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) **Acute Coronary Occlusion**

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Arteriosclerotic Cardiovascular System Disease**

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
Instant

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
4201

20. AUTOPSY?
YES NO

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) (Min.)

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 **March**, 19**54**, to **12-17-56**, 19**56**, that I last saw the deceased alive on **12-17**, 19**56** and that death occurred at **5:35 P.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
L. B. J. Cleblan M.D.

23b. ADDRESS
712 W. High - Jefferson City

23c. DATE SIGNED
12-21-56

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
12/21/56

24c. NAME OF CEMETERY OR CREMATORY
Resurrection

24d. LOCATION (City, town, or county) (State)
Jefferson City, Mo.

DATE REC'D BY LOCAL REG.
21 Dec 1956

REGISTRAR'S SIGNATURE
R.P. Norris MD-MR

25. FUNERAL DIRECTOR'S SIGNATURE
Sylvester Dulle

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

Student.....
Signature of Student Embalmer

Signed.....
Sylvester Dulle

Licensed Embalmer No. *432*

P. O. Address *Jefferson*

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.