

STANDARD CERTIFICATE OF DEATH

57017635
STATE FILE NUMBER

FILED MAY 31 1957

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Carthage		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 114 N. Maple St		Length of stay in lb 40 yrs	d. STREET ADDRESS 114 N. Maple St		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ALVERTA Middle REIDHAAR Last			4. DATE OF DEATH Month Day Year May 5, 1957			
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-25-1883	9. AGE (In years last birthday) 73	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (City and state or country) Pierce City, Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John B. Rorick			14. MOTHER'S MAIDEN NAME Willie Frances			
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. unknown	17. INFORMANT Jed Brown, Carthage, Mo			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute cardiac failure</i>					INTERVAL BETWEEN ONSET AND DEATH <i>1 wk</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) <i>Chronic myocardial degeneration</i>	
DUE TO (c)					1 yes	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Advanced osteoporosis of spine</i>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter name of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Carthage, Mo		STATE Missouri	
21. I attended the deceased from <i>Mar 10, 1947</i> to <i>May 5, 1957</i> and last saw her alive on <i>Apr 5, 1957</i> Death occurred at <i>5:30 p</i> m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Type or print) <i>M. Foster Whitten</i> MD			22b. ADDRESS Carthage, Mo		22c. DATE SIGNED 5-6-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE <i>5-9-57</i>	23c. NAME OF CEMETERY OR CREMATORY Park Cemetery	23d. LOCATION (City, town, or county) Carthage, Mo		(State) Missouri	
24. FUNERAL DIRECTOR Knell Mortuary, Carthage, Mo		ADDRESS	25. DATE RECD. BY LOCAL REG. May 8, 1957	26. REGISTRAR'S SIGNATURE <i>Ely Clinton</i>		

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 Robert H. Knell

Licensed Embalmer No. 445

P. O. Address Carthage

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.