

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032293
STATE FILE NUMBER

FILED OCT 1 1958 Registration District No. 119 Primary Registration District No. 5436 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boulware Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Bay
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Farm Home		Length of stay in 1b lifetime	d. STREET ADDRESS Bay (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Frank Simon Reithemeyer			4. DATE OF DEATH Month Day Year Sept. 23, 1958		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 15, 1900		9. AGE (In years last birthday) 58

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Mt. Sterling, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Reithemeyer	13b. MOTHER'S MAIDEN NAME Elizabeth Goettling	14. NAME OF HUSBAND OR WIFE Josephine Helming
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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. 493-28-8861	17. INFORMANT Mrs. Frank Reithemeyer	Address Reithemeyer Bay, Mo.
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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>Coronary Occlusion</i> <i>Coronary atherosclerosis</i> <i>Duodenal melitus.</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <i>260X</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature 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 COUNTY STATE
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21. I attended the deceased from 9-16-58 to 9-23-58 and last saw him alive on 9-20-58
Death occurred at 1:20 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Charles H. Reithemeyer MD</i>	22b. ADDRESS <i>Reald Mo</i>	22c. DATE SIGNED <u>9-23-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-25-1958	23c. NAME OF CEMETERY OR CREMATORY Bethel Presbyterian Cem. Bay, Mo.	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR <i>Myford H H Winters</i>	ADDRESS <i>Winters Owensville Mo.</i>	25. DATE RECD. BY LOCAL REG. <u>9-24-58</u>	26. REGISTRAR'S SIGNATURE <i>Delma Effelmann</i>
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 ME....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Myford H. Winters.....

Licensed Embalmer No. 3938.....

P. O. Address OWENSVILLE.....

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.