

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN - 4 1960 **43**

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615 59 0 4 3 4 9 9
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE MO. b. COUNTY WAYNE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		c. CITY OR TOWN LEEPER	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOCTOR'S HOSPITAL		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First MATTHEW Middle HENRY Last REICHERT			4. DATE OF DEATH Month DEC. Day 13 Year 1959			
5. SEX MALE	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 6-12-1880	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ATTORNEY		10b. KIND OF BUSINESS OR INDUSTRY LAW		11. BIRTHPLACE (City and state or country) METZ GERMANY		
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME HENRY REICHERT		13b. MOTHER'S MAIDEN NAME KATHERINE BUSSE		
14. NAME OF HUSBAND OR WIFE ETHEL JONES		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 BERNICE REICHERT		Address LEEPER, MO.				

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH 4 da 23 da
IMMEDIATE CAUSE (a) Myocardial failure			
DUE TO (b) Pneumonia + pleural effusion			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 _____ a.m. _____ p.m.	Month, Day, Year	

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 POPLAR BLUFF, MO.	COUNTY WAYNE	STATE MO.
21. I attended the deceased from Nov. 20, 1959 to Dec. 13, 1959 and last saw him alive on Dec. 12, 1959 Death occurred at 5:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE J. L. Kuehner MD	22b. ADDRESS Poplar Bluff, Mo.	22c. DATE SIGNED 12/18/59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE DEC. 15-1959	23c. NAME OF CEMETERY OR CREMATORY MASONIC CEM.
23d. LOCATION (City, town, or county) PIEDMONT	23e. STATE MO.	23f. FUNERAL DIRECTOR GISH FUNERAL HOME
24. ADDRESS PIEDMONT MO.	25. DATE RECD. BY LOCAL REG. 12/21/59	26. REGISTRAR'S SIGNATURE J. L. Kuehner

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by Me _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marvin E. Fowler

Licensed Embalmer No. 4426
P. O. Address Piedmont

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.